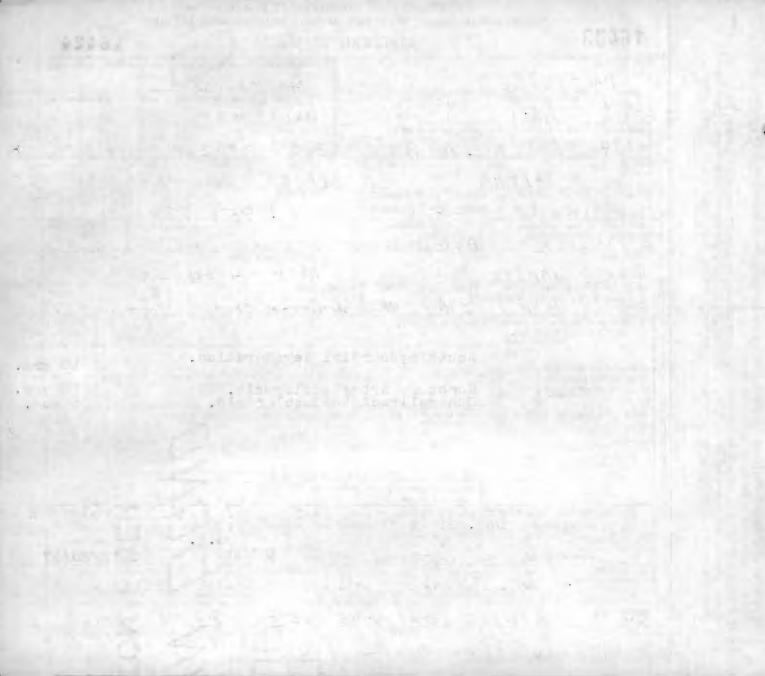
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16432 CERTIFICATE OF DEATH 16423 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEAT o. COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) in Z2 hour 2 DAYS BALTIMORE 21217 FORT HOWARD IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? filled. 2318 BRYANT STREET NO X VETERANS ADMINISTRATION HOSPITAL The law requires that the death certificate be executed within NAME OF 4. DATE Dod Month ₹ First attending physician and completely sermit. Then please remave carbon DECEASED 20 19 67 DECEMBER AARON ALBERT DEATH (Type or print) AGE (In years IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months ndoy) 62 4/2/1905 WIDOWED DIVORCED NEGRO MALE 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) U.S.A. INDUSTRY GREENWOOD, SOUTH CAROLINA CONSTRUCTION IABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, NANCY MINION ARTHUR AARON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 20 63 213 07 WW YES crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), the signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY: ONSET CAND DEATH CONCESTIVE HEART FAILURE IMMEDIATE CAUSE (o) physician. DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if ony, which gove) rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) BENIGN PROSTATIC HYPERTROPHY YES NO **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that (1)x(this haspital) attended the deceased fram 12/18/67 ta 12/20/67, 19___, that \$9 (we) last 19 ____, and that death accurred 6:15A M, from causes and an the date stated above. saw the deceased alive an 12/20/67 22b. DATE SIGNED 22o. SIGNATURE 12/20/67 DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN FUNERAL NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND director, p 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify)
BURLAL 12-26-6 BALTIMORE NATIONAL BALTIMORE, MARYLAND 2 25b. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

HOMBEC

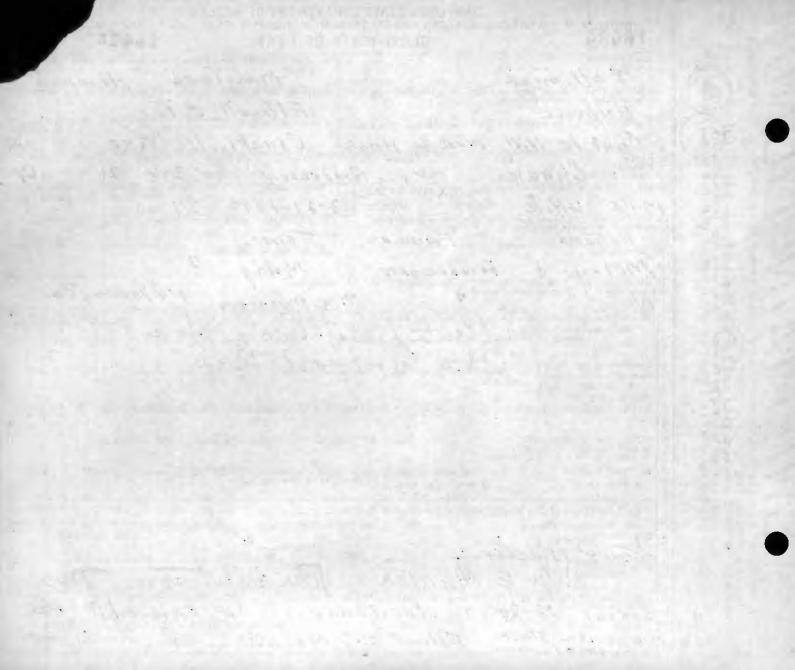
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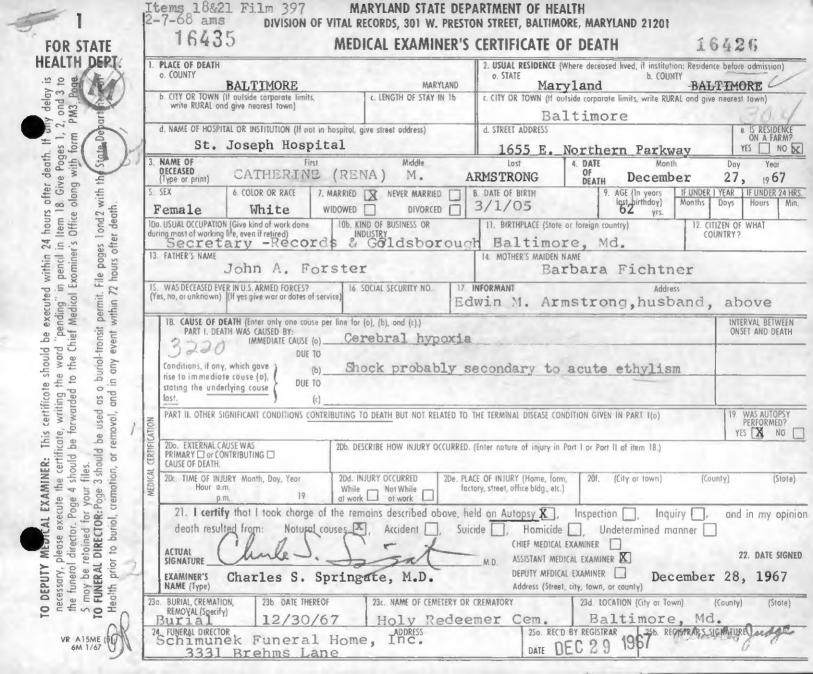
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16433 CERTIFICATE OF DEATH 16424 the funeral ges 1 and 2 after death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 write RURAL and give nearest town) BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS KENYON YES NO K requires that the death certificate be executed within NAME OF Middle WIT 4. DATE Month remove carbon Last Doy Year and completely DECEASED VEPT and in any event, Type or print DEC. 1967 DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGF (In years NEVER MARRIED last birthday) Manths Days Haurs DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during mast of working life, even if retired) COUNTRY? INDUSTRY the ottending physicion sit permit. Then please PASSAIC ESTIMATOR GASTELEC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remavol, ROSE MCMANUS JO HN WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 4134 BROOKFIEL 2-05-4000 CARTED cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the buriol-transit buriol, cremoti PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physicion. DUE TO Acute myocardial degeneration. 10 vrs. Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO Coronary Arteriosclerosis.
GeneralizedArteriosclerosis stating the underlying cause by the haspital or attending Vrs. d for use as the of Health prior to hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' ATTENDING PHYSICIAN: The PERFORMED? NO "SZ O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20£_ (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Hour a.m. factory, street, affice bidg., etc.) at work 1957 . to... _____, 19_6.7 that (I) (vie) last 21. I certify that (1) (this xhis saide) attended the deceased from ploods be retained saw the deceased alive an Dec. 21 19 67, and that death accurred at 9:30h, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 4660 THEO BELAIR 23c. NAME OF CEMETERY OR 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. DATE THEREOF (County) (State) REMOVAL (Specify) 0 250. REC'D BY REGISTRAR SOGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) DATEJA 25M 1/67 THORFLAIR



CERTIFICATI MARYLAND c. LENGTH OF STAY IN 1b	E OF DEATH	(Where deceased lived, If In	425 stitution: Residence	before
MARYLAND	2. USUAL RESIDENCE	(Where deceased lived, If In	stitution: Residence	before
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pital, give street address)	2 00 2 2 2	11 Cilag	1 0.	IS RESIDENCE
	Plant	-: 1/15 P	11.	ON A FARM?
Middle	Last 4			Year
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NEVER MARRIED 8		9. AGE (In years		
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D OF BUSINESS OR	11. BIRTHPLACE (Coun	ty & State, or foreign countr	y) 12. CITIZEN O COUNTRY?	F WHAT
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	14. MOTHER'S MAIDEN	NAME		
ER SON	MARY	*		
OCIAL SECURITYNO. 17.		Mari		P
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ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
SCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	jury in Part I or Part II	of Item 18.)	
factor	CE OF INJURY (Home, farm ry, street, office bldg., etc.)	, 20f. (City or town)	(County)	(State)
at work				
the deceased from		, to		nt (I) (we) last
19, and that	death occurred at	M from the causes		
	ATTENDING ME	D. STAFF	220. DATE SIG	MED
M.D		ECTOR PHYS.	1	
HRIN	Maudal	latour	m	71
23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own or county)	(State)
	WN			met.
ADDRESS	25a. REC'D	BY REGISTRAR 25b. R	1 M 1 M	TURE
Illeon City	DATE UE	, देश विद्या है	marces y	7
DO S IU	PITAL, give street address) Sing Jone E. Middle W. More Married Security No. 17. POTO TO LEATH BUT NOT RELATED 20e, PLAN factor at work 20e, plan and that 19 20e, plan and that 20e, plan and that	C. CITY OR TOWN (IF OUT DEED CONTROLLED CONT	MARYLAND C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. CITY OR TOWN (If outside corporate limits, we pital, give street address) J. C. C. T. C.	C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL and give pital, give street address) Dital, give street address) A. STREET ADDRESS SING HOME C. CITY OR TOWN (If outside corporate limits, write RURAL and give pital, give street address) A. STREET ADDRESS C. CRRKS L. L. R. L.





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16433 CERTIFICATE OF DEATH 13428 DECEASED NAME First Middle 20. DATE OF DEATH Lost 2b HOUR (Type or print) Month Lindsay Dora Dec. Avres 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS Nov. 24. 1337 White Fe...ale The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED U.S.A. Baltimore WIDOWED A DIVORCED [Wil.Delaware 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR the attending physician and campletely fill, sit permit. Then please remave carbon po give street oddress) during most of working We, even if retired)
Le HOUSEWILE INDUSTRY Pikesville rd., Pikesvi Home 130 USBAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER or remayal, and in any event, 13d INSIDE CITY LIMITS? 13b. COUNTY 1018 Windsor Rd. Pikesvi Pikesvill 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Starling Lindsay Marv William 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give wat or dates of service) Mrs. William J. Reed. 1018 Windsor Rd. . Pikesvil unknown 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) PART 1. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (o' TERIOSCIEROTIC HEART Conditions, if any, which gave) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO for use 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, notify medical examiner) detached 218 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this hamital) attended the deceased from saw the deceased give on 1967. __1967, and that in (my) and opinion death occurred on the date and hour and from the saw the deceased alive on. causes stated above, (1) (w) (did not) view the bady after death. 22b SIGNATE 22c DATE SIGNED PHYSICIAN S NAME (Type) 5 2e ADDRESS directar. bluods 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (Stote) REMOVAL (Specify) Pikesville Druid kidge Cemetery Dec. 27.196/ 30M REV



1	MAKTLAND STATE DEPAKTMENT OF HEALTH
EUD STATE	16437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEDT	
we k	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. STATE b. COUNTY
E 2.05	MARYIAND MARYIAND
A SEE	b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
S S S S	TURNER STATION TURNER STATION
i P b le o	d NAME OF HOSP TAL OR INSTITUT, ON (If not in hospital, give street address) d. STREET ADDRESS o. IS RES.DENCE ON A FARM?
2 2	213 Center Street 213 Center Street VES 1 NO 1
e fu stain Stai	3. NAME OF First Middle Last 4. DATE Month Dey Year OF
or the	(Type or pnnl) JOHN B. BANKS DEATH 12 26 19 67
d 3 h d 3 h with s aft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and and 2 v 2 v 2 v	M. N. WIDOWED DIVORCED 3-5-1876 Statt birthday) Months Days Hours Min.
afte 2,2,1 10,55 10,55 2,54 2,54	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
hours ages 1 3. Pag ges 1 ges 1	Laborer Beth-Steel Dorchester Co., Md. U.S.A.
	13. FATHER'S NAME
1150	ALEXANDER BANKS MARTHA CORNISH
Vithin S. Giv form it. File event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown), (Ifyes give wer or dates of service)
tem 1 with with permi	216-09-6962 Mrs. Mary L. Banks 213 Center Street
cutton in a series	18. CAUSE OF DEATH (Enter only one cause per I ne for (a), (b), end (c)d
exe alon trans and	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (*) Q CUTE COLONGY OCCURS (W) ONSET AND DEATH
To be be	420/ DUE TO 111
oulo Offii buri	Conditions, if any, which (b)
te sh ding' er's as a r rec	gave rise to immediate ceuse (a), stating the underlying DUETO
iicat end mine ed a ed a	cause last. (c)
d "p d "p Exa e us e us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTRIBUTION
This ce word word dical E uld be cremat	YES NO
8: This he wo Aedica hould I, cren	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
INEI ling t lief A s 3 sl buria	
Z Z O B o	Hour a.m While Not While ' fectory, street, office bldg., etc.)
the the ior ior	
d to	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
S S S S S S S S S S S S S S S S S S S	CHIEF MEDICAL EXAMINER
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age 1 to	SIGNATURE M.D. SSISTANI MEDICAL EXAMINER X
UTY M d be forv ERAL D esignated	NAME (Type) THEO 1 C Atters (Sired, city, lown, or count)
DEPUTY A	220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 40 4	BURIAL 12-30-67 Arbutus Memorial Pk Arbutus, Maryland
H H	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	ORTON & DYETT F 4 1701 I
	CORTON & DYETT F. H. 1701 Lauren Street



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16439 CERTIFICATE OF DEATH 13431 depth. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. funeral 1-and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY s ofter BALTO. MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 116 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Balto. Sapers on 72 hau d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 2308 Cider Mill Rd. YES 🔲 NO [Joseph NAME OF 4. DATE remave carban × Day Year DECEASED (Type or print) event. DEATH Joseph Bartholme IF LINDER 24 HR S. SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months and in any WIDOWED DIVORCED Feb. 2. 1888 and 12 CITIZEN OF WHAT COUNTRY? 10a USUA: OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please Germany Retired 13 FATHER'S NAME Farmer 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Borbara Schwartz Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service Same 220-34-5478-4 Mrs Hattle J Bartholme No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH Cardio Pulmonary Failure IMMEDIATE CAUSE (o). **DUE TO** Conditions, if any, which gove Arteriosclerotic C.V.D. (b) rise to immediate cause (a). DUE TO stating the underlying couse director, page 3 shauld be detached far use as the stabuld be filed with the State Dept. of Health priar ta has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Y certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Part II of Item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJJRY OCCURRED 20e PLACE OF INJJRY (Hame, form, (City or town) (Caupty) (Stote) FUNERAL DIRECTOR: After this Not While Haur a.m. factory, street, office bldg., etc.) While at work 21 I certify that (1) (this haspital) attended the deceased from Nov. 5, 19 67, to Dec. 15,19 67 that (1) (we) lost saw the deceased alive an Dec. 15 19 67, and that death occurred of 8 140 from courses and on-the date stated above. Dec. 15.19_67 that (I) (we) lost 22a. SIGNATURE 22b. DATE SIGNED M D DIRECTOR PHYS PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Dr. Benjamin delCarmen St. Joseph Hospital 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. 10(A)ION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 12/19/67 re Maryland
25b REGISTRAR S SIGNATURE Holy Redeemer Baltimore 9 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **VR A15** Ochonia Leonard J Ruck Inc 5305 Harford Rd DATDEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 SINCE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours/ 20/67 Baltimore Ξ Pikesville filled apers in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE HOUSE. 24 ON A FARM? completely fill ove carbon paper event, within V Charles Street NO DO Professional House. NAME OF First Middle DATE Month Last Day Year DECEASED OF DEATH Joseph Beck 19 67 12 (Type or print) 6. COLOR OR RACE an and cor e remove in any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthday) | Months | Days MALE WIDOWED [DIVORGED [attending physician a ermit. Then please re on, or removal, and in 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT during most of working life, even if retired) law requires that the death certificate be INDUSTRY COUNTRY? INVESTMENTS U.S.A. MARY LAND RETIRED BALTIMORE 13. FATHER'S NAME MOTHER'S MAIDEN NAME Krieger, MOLIE LEAH Samuel Beck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4000 N. CHARLES ST. APT503 has been signed by the attent as the burial-transit permit, prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) ARREX HIGHFIELD HOUSE W.W. IRS. BLANCHE BECK. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PRYSICIAN: The law requires that the hospital or attending physician. Cerebral vascular accident IMMEDIATE CAUSE (a) 5/X DUE TO Severe arteriosclerosis Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY certificate hather than the standard for use standard to the said PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) etached Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work p.m. director, page 3 should be should be should be filed with the S 10.26. 1967. to. 12-15 . 19 6 7. that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 1/10 g M. from the causes and on the date stated above. 19 4 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF DIRECTOR M.D. PHYS PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, GREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) 으 12-17-67 BALTIMORE HEBREW REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR | 25b. BROS. INC., 6010 REISTERSTOWN ROAD #15 (4) 8



MARYLAND STATE DEPARTMENT OF HEALTH 1644 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16434 PHYSICIAM: The law requires that the death certificate be executed within 24 havrs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b COUNTY. BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town c LENGTH OF STAY IN 1h write RURAL and give neorest town) BALTIMORE md. 21093 NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE rater Balts. medical Center YES NO Z NAME OF DATE Dov Year carba DECEASED OF DEATH Emma Becker De clomber 3 1967 (Type or print) NNa IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED AGE (n years NEVER MARRIED lost birthdoy) Months Hours Cau and in any WIDOWED DIVORCED gud TDo USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) physician (nen please INDUSTRY COUNTRY? are, md. etirlal 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 212-05-7361 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN tenoschotta Cardiovascular des sane burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if only, which gove rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ruld be detached far use the State Dept. af Health Millitis NO YES 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) (Stote) 2Dc TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While OR ATTENDING at work ot work 21. I certify that (I) (this hospital) attended the deceased from. 19.62 , ta 1967 that (1) (#e) tas saw the deceased alive an 12/3 1967, and that death occurred at 2. 17 M, from tauses and on the date stated above 22a SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 -shauld be filed v MD DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S B. M.C EREK H- BRUCE NAME (Type) 23o. BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Baltimore, Md.

ISTRAR | 256 REGISTRAR'S SIGNATURE Burial 12-6-67 Baltimore 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ollemelas Judge DATE NEC 7 Wm. Cook-Brooks Towson, 1050 York Rd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16440 CERTIFICATE OF DEATH 10434 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) Towson 21204 8 mons Baltimore, Maryland .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Dulaney Towson Nursing Home, 111 West YES NO V 5603_Remmell_Avenue NAME OF 4. DATE Year completely DECEASED (Type or print) Beilein Catherine Elizabeth DEATH December 1967 ever IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED remove lost birthday) Months Hours bunal, cremotion, or removol, and in ony DIVORCED white WIDOWED physicion ond o August 10, 1889 female 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** U.S.A. Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine Eva Thim U. Thim 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 21204 (Yes, no, or unknown) (If yes give wor or dates of service) 216-20-7468-1 Dulaney Towson Nursing Home. 111 West Road 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) CIRCULA ATORY INTERVAL BETWEEN (0) CIRCULATORY COLLAPSE

(10) CEREBRAL HEMORKHAEF signed by the burial-transit ONSET AND DEATH Page 4 moy be retained by the haspital or ottending physician. Signed Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F 20o ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (I) (this-hospital) attended the deceased from 4/22, 1967, that (I) (22) last saw the deceased alive on 12/20, 1967, and that death occurred at 10 mm, from causes and on the date stated above , page 3 should be filed with the FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF Dec. 22, 1967 M.D 206 W. Penna. Ave., Towson, Maryland 22c. PHYSICIAN'S T. C. Siwinski, M.D. NAME (Type) director, g 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION (County) REMOVAL (Specify) 12/26/67 Baltimore Maryland Most Holy Redeemer 2 2Sb. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Leonard J Ruck Inc. 5305 Harford Rd



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		1644 DIVISION OF VITAL RECORDS, 301 W. PRES	TE OF DEATH	16435
E ACE				
offer death we fine the fine of the death	1	PLACE OF DEATH D. COUNTY P. C. C.	2 USUAL RESIDENCE (Where deceosed lived, if in o. STATE b	COUNTY ————————————————————————————————————
a		DALTO: MARYLAND	\parallel MD ,	DALTO
		b CITY DR TOWN (If autside corparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c CITY OR TOWN (If autside carparate limits, wri	A .
24 hours		write RURAL and give nearest tawn)	ESSEX	03-1
d in		d. NAME OF HOSP TAL DR INSTITUTION (If not in haspitor, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ed within 24 sletely filld is corbon paper corbon paper ent, within 72	-	IVY HALL NURSING HOME	7910 BRIDGE	YES NO
bon with	3	NAME OF First Middle DECEASED FOR A COMMING OF THE	Lost 4 DATE OF	Manth Day Year
ed n	-	Type or print) EDVV ARD BE	CIS DEATH D	PC 31 1967 Ors IF UNDER 1 YEAR IF UNDER 24 HRS
PHYSICIAN: The law requires that the death certificate be executed within 24 in hospital or attending physician. In this certificate has been signed by the attending physician and completely filled in the action of the order for use as the burial-transit permit. Then please remove carbon paper Dept. of Health prior to burial, cremation, or removal, and in any event, within 72	3.	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED TO DIVORCED	8. Date of Birth 9 AGE (In yell last birthde	
ond rem	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
iom ond ii	du	ng most of working life, even if retired) INDUSTRY A CH (N 1 > 7	BALTO, MP.	COUNTRY?
fica ysk ple ple ol, o	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
rertif phy hen novo		GEORGE BERK	7	
ding ren	IS		7. INFORMANT	Address
e death cei ottending p permit. The		s, no, or unknown) (If yes give war ar dates af service) $219-16-7054$	AGNES SHEELER R	TE 16 BOX 487-1
t the of	Г	18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Et Municipal	INTERVAL BETWEEN ONSELLAND DEATH
ss thot thician. d by the 1-tronsit 1, cremot		1 IMMEDIATE CAUSE (a) DUE TO 4 DO 1	Commercial	7 -12-1-1-1-1
equires the physician. signed by buriol-tronburiol-tronburial.		Canditions, if any, which gave) (b) A S (V)	Watte Muches	it l
		rise ta immediate cause (a),	note The dela	15 11 7
PHYSICIAN: The law requires the hospital or attending physician his certificate has been signed by stached for use as the burial-tra Dept. of Health prior to burial, cre		stating the underlying cause lost. (c)	rue Emplry De.	ma byni
The law rottending hos been se as the horotte	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	TO THE TERMINAL DISEASE CONDITION G VIN IN PART I	a) 19 WAS AUTOPSY
r of the control of t	ATIO		/ 0	PERFORMED? YES NO
YSICIAN: ospitol or certificate thed for unit, of Health	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH	ED (Enter nature of injury in Part L or Port II of item.)	B)
HYSIC hospil is certi ioched		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
S PHYSICIA, the hospitol this certificadetoched fo	MEDICAL		PLACE OF INJURY (Hame, farm, 20f. (City or tov factory, street, office bldg., etc.)	vn) (Caunty) (State)
	1	p.m. 19 of work at work		
ATTENDING stoined by the CTOR: After is should be dith the Stote		21. I certify that (1) (this haspital) attended the deceased from	19601 100 De	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Og Single Tele			hat death accurred atM, from cou	ises and on the date stated abov
OR ATTENI be retoined DIRECTOR: A je 3 should ed with the		200 SIGNATURE //// 17272746 1124 x1 411	MD PHYS. MED DIRECTOR PHYS	22b DATE SIGNED
AL Coy by		22c PHYSICIAN'S NAME (Type) (M 13/1 1/4 Cl 2/4)	22d ADDRESS (+ -)	7 2 1
SPITAL 4 moy NERAL for, pai]		OR CREMATORY 23d JOCATION (City	as Town (Sample) (Sample)
Page 4 may be retained by th O FUNERAL DIRECTOR: After th director, page 3 should be de should be filed with the State	23	BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY C	HEART BALT	
	2	FUNERAL DIRECTOR ADDRESS	250 REGISTRAR OCO 25	
VR A15 (4) 25M 1/67	1	T.G. CONNELLY SONS 308	MACO DATE DAIN D 1968	Lucas Judge



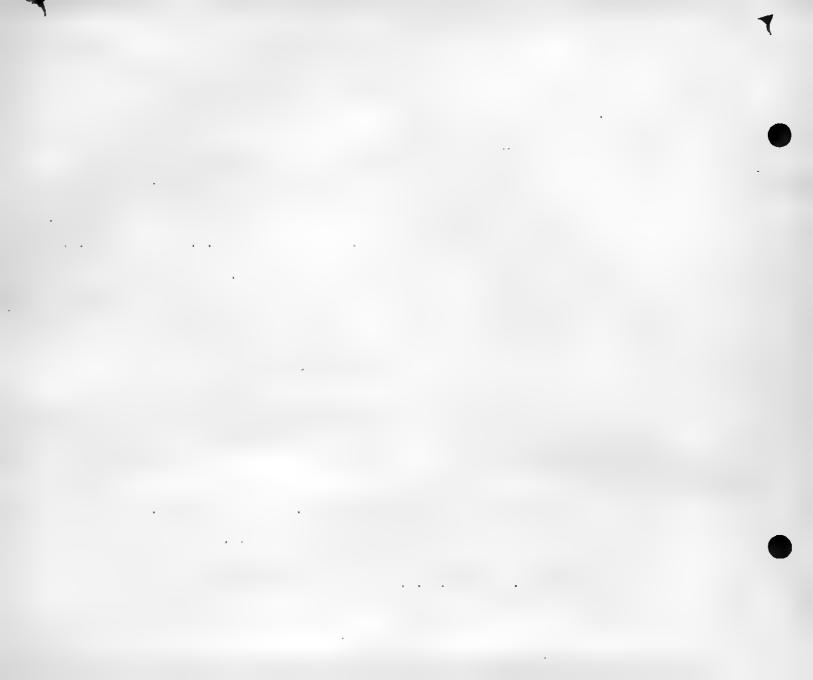
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16444 CERTIFICATE OF DEATH 16436 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission a COUNTY a. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate imits, C LENGTH OF STAY IN 16 c CLTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE d STREET ADDRESS cerumpun NO DE YES NAME OF ST 4 DATE carbon, Last Day Year completely DECEASED OF DEATH (Type or post) 10 IE UNDER 7 MARRIED AGE (In years IF UNDER 24 HR NEVER MARRIED last birthday) Manths Haurs DIVORCED WIDOWED puo 10b KIND OF BUSINESS OR OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State or foreign (puntry) 12 CIT ZEN OF WHAT Cloverland Dairy COUNTRYS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal. John H. Bevans Julia A. Bayne 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTA Bevans 16 SOCIAL SECURITY NO Address (Yes, no, ar unknown) (if yes give war or dates of service) Ame UNHNOWN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burnal-transit p ONSET AND DEATH Resourable IMMEDIATE CAUSE (a) the hospital or attending physician, DUE TO burial, Conditions, if any, which gave nse ta immediate cause (a). DUE TO stating the underlying cause prior to Jon 15m WAS AUTOPSY PERFORMED? hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(6) of Health p CERTIFICATION 3 NO YES this certificate 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Harne, farm, (City or town) (County) (Stole) factory, street, affice blda, etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased from..... 12-11 5219 __, that (I) (we lost 12-11 10 and that death occurred at 701P M, from couses and on the date stated above. FUNERAL DIRECTOR: sow the deceased olive on. 12/0/67 22a SiGNATJRE 22b DATE SIGNED MED DIRECTOR r, poge 3 be filed M.D PHYS 22d **ADDRESS** 22c PHYS CIAN'S Eutaw NAME (Type) director, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BURIAL, CREMATION, (Yorkol) (State) BEMPYAL (Specify) 12/4/67 Parkwood Cem. Balto. d. 2 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67 Leonard J. Ruck Inc. Balto. Md. Milianten DADEC 5 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16445 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. death and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY b. COUNTY BALTIMORE CARROLL MARYLAND b CITY OR TOWN (If outside corporate nimits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) hours 30 DAYS WESTMINISTER filled in an papera d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM RD #6 VETERANS ADMINISTRATION HOSPITAL YES 🔲 NO Z NAME OF First Middle DATE Year carban DECEASED AUGUSTUS WINFIELD BITZEL DECEMBER 67 Type or pnnt) DEATH 7. MARRIED IF UNDER 24 HRS S SEX DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE **NEVER MARRIED** AGE (In years lost pirthday) Manths Haurs and in any WIDOWED DIVORCED MALE gud 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or loreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY distil COUNTRY? U.S.A CARROLL COUNTY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, CHARLES H. BITZEL ELIZABETH CROOKS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, prunknown) (If yes give war or dates of service) 213-12-6593 CLINICAL RECORDS, VAH. FT. HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) ONSET-AND DEATH PART I. DEATH WAS CAUSED BY. BRONCHO-PNEUMONIA IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause (a). **D**UE TO stating the underlying cause Page 4 may be retained by the haspital or attending the YEARS ARTERIOSCIEROTIC CADRIOVASCULAR DISEASE WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) DIABETES MELLITUS, ARTERIOSCIEROTIC OBLITERANS LEGS NO PHYSICIAN: 20n ACC DENT WAS LINDER, YING I 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature all injury in Part 1 or Part II all item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, lorm, (C ty or town) (County) (State) Hour a.m. factory, street, office bldg . etc.) Nat While at wark 21. I certify that the (this hospital) attended the deceased fram_NOS 19 67 to DEC 19.67, that (1) (we) last and that death occurred ab 205A M, fram causes and an the date stated above saw the deceased dive an 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS PHYS director, page 3 shauld be filed VAH, FORT HOWARD, MARYLAND 22c PHYSICIAN'S **FUNERAL** CHOON HAN NAME (Type) 23a BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) (County) TRINITY LUTHERAN CEM FINKSBURG 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 WESTMINISTER. MD. MYERS FUNERAL HOME

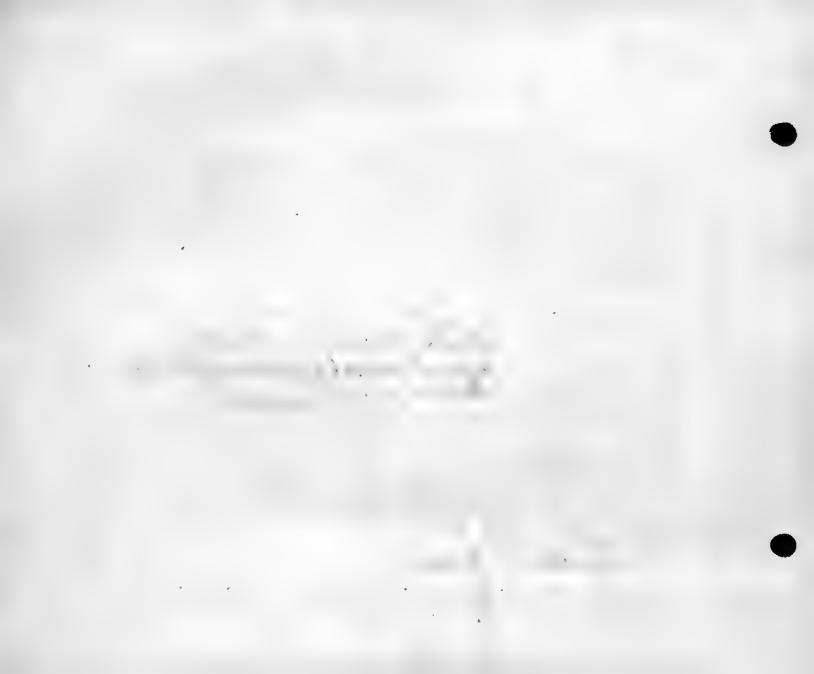


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16446 CERTIFICATE OF DEATH 16438 deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 haurs Fort Howard 9 days Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Box 394 Rt 16 YES NO TO 4 DATE Year DECEASED (Type or print) remove carbd WREATH BLANTON DEATH Dec. 19 IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED unst birthdoy) Months 10/5/92 Wnite Male WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired)
MCC118.111.C Aircraft Cherokee, S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Andrew P. Blanton Mossie E. Vinesett WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war at dotes of service) 240 07 95 40 Clinical Reds, VA Hospical, Fort Howard Md 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN atter this certificate has been signed by the be detached far use as the burial-transit State Dept. af Health priar to burial, cremat ONSET AND DEATH CEREBRAL THROMBOSIS IMMEDIATE CAUSE (o) DUE TO CEREBRAL ARTERIOSCLEROSIS Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) BRONCHOPNEUMONIA NO K TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) 6/ to Dec. 2/ 1907, that (4) (we) last 21. I certify that OX (this hospital) attended the deceased from Dec. 1. , 1 saw the deceased alive an Dec. 27 19 67, and that death accurred at Dec. I 19 TO HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the 1:15M, fram causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE MED DIRECTOR ATTENDING 12/27/67 tilbent M.D. ADDRESS NAME (Type) JOHN D. TALBERT, M.D. VA Hospital, Fort Howard, Md. 23b DATE THEREOF 12/30/67 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) (County) (Stote) Belair Memorial Gardens | Baltimore Maryland Burial 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR AMMELe Ave. VR A15 (4) 25M 1/67 2 1968 DATE JAN Essez, Md. Connelly Funeral Home



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1644 CERTIFICATE OF DEATH 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on PLACE OF DEATH funera a. STATE b. COUNTY o. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Outlies Mills c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore yrs. o is residence on a farm? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled 842 Konig Street Rosewood State Hospital NO 3 burial, cremation, or remaval, and in any event, within requires that the death certificate be executed within 4 DATE Year Middle Lost 3 NAME OF First DECEASED BOBROFSKY 12 20 67 19 Anna DEATH (Type or point) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (n years DATE OF BIRTH S SEX X 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthooy) Hours 1-15-10 White WIDOWED DIVORCED Female 12 CITIZEN OF WHAT 10a USUA, OCC., PATION (Give kind of work done Ob. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? please during most of working life, even if retired)
Dependent INDUSTRY U.S.A. physician Baltimore City, Md. none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lena Friedman Israel Bobrofsky 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Rosewood Records, Owings Mills, Maryland none no INTERVAL BETWEE CAUSE OF DEATH (Enter only one cause per lige signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse of Health prior to FUNERAL DIRECTOR: After this certificate has been use as the WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES 😾 NO Б 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c (State) 20f. (City or town) (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not White of work at work 12/20 . 19 67, that (15 (we) last 1/16 19 22 , ta (*) (this haspital) attended the deceased fram. certify that r, page 3 should be libe filed with the S and that death accurred at 8:05 Ma from causes and on the date stated above. 1967_. saw the decresed alive an 22b DATE SIGNED 220 SIGNATU ATTENDING STAFF PHYS. 12/20/67 M.D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S Rosewood St. Hosp., Owings Mills, Md. NAME (Type) Richard A. Jones, M.D. directar, Spauld b 23c. NAME OF CEMETERY OR CREMATORY A (Stote) 23d LOCATION (City or Town) (County) 23b. DATE THEREOI 230 BURIAL CREMATION, REMOVAL (Specify) andring 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH. DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ath. eral nd 2	16445 CERTIFICATE OF DEATH 33440
after death. The funeral good 2 goods.	1. PLACE OF DEATH a. CDUNTY D. CDUNT
in Marie	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town of the RURAL and give nearest town) CREATER BALTIMORE C. LENGTH DF STAY IN 1b C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) A CONTROL TOWN (If outside corporate limits, write RURAL and give nearest town) A CONTROL TOWN (If outside corporate limits, write RURAL and give nearest town)
a 24 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Greater Baltimers Medical Center. Greater Baltimers Medical Center.
executed within and completely remove darborran any event, within	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) MARY DOROTHY Bohen be 19 DEATH 12 5 1968
xecuter and consemove emove	5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 18. DATE DF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 1 YEAR IFUNDE
	10a. USUAL DECUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
rtifical ing ph Then pmoval	13. FATHER'S NAME Toky POPP 14. MOTHER'S MAIDEN NAME SmitH
e death ce the attend it permit. nation, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 215-10-3398 Admission Sheet
equires that the ing physician. The signed by the burial trans to burial, crements to burial, crements.	18. CAUSE DF DEATH LEnter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) Lar centorna of the overly
i. The all or licate or us	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PHYSICIAN: Oby the hospital After this certifi The detached for State Dept. of H	County C
L OR ATTEND sy be retained by Brechanges Brechons, by age 3 should filed with the	21. I certify that (I) (this hospital) attended the deceased from
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23at BURIAL, CREMAY DN, 23b. DATE THEREDF 23c, NAME DF. CEMETERY OR CREMATORY, 23d. LOCATION (City, town or county) (State) 24. FUNYBAL DIRECTOR ADDRESS FI 125a. REGISTRAR'S SIGNATURE
VR A15 (4)	Thelip Sterning Sun 2024 Williams & Vortoco 8. 1968 Townson Junge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16449 16441 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Marvland MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If putside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give necrest town)
Fort Howard 33 Days Baltimore lease remave carban papers and in any event, within 72th d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENC ON A FARM? Veterans Administration Hospital Eastbrook Avenue NO X NAME OF lease remave carban First Lost 4. DATE Month Year Dov DECEASED JOSEPH BOLCER 19 67 WALTER DECEMBER 16 (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED ALAS **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years lost birthday) 2/16/18 Hours White Male WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Clothing Baltimore, Maryland 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar removal, attending phys John Bolcer Eva Kieltyka IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes no, or Jaknown) (If yes give wor or dotes of service)
Yes
WWII 216-07-0868 Clin. Rec. VA Hospital, Fort Howard, Maryland signed by the c burial-transit p IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH CARCINOMA OF LARYNX IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. Conditions, if only, which gove METASTATIC CARCINOMA BOTH SIDES OF NECK MONTHS rise to immediate couse (a), **DUE TO** stoting the underlying couse certificate has been be detached far use as the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T 200 ACCIDENT WAS LINDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De PLACE OF IN.URY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After 21. I certify that (this haspital) attended the deceased from November 1319 67, to December 169 67, that p) (we) last director, page 3 shauld shauld be filed with the saw the deceased elive on December 16.1967, and that death accurred a 2:25AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 12/16/67 M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL. FORT HOWARD. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John M. Weber & Sons Inc. Baltimore, Maryland DATE DE



16450 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm ssion o COUNTY o STATE b COUNTY BALTIMORE MARYLAND delay is and 3 to A3- Pone c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 2, ond PM3-BALTIMORE (Hamilton) d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspitol, give street address) YORK H ROAD ST. JOSEPH HOSP. 7011 ARION AVE NO X Office olong with Midd e 3 NAME OF 4 DATE Month First DECEASED 12-8-67 **BOWEN** HOWARD 19 DEATH (Type or print) IF UNDER 24 HRS S. SEX 6 (OLOR OR RACE B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR 7 MARRIED NEVER MARRIED birthdoy) WHITE 1-14-05 MALE in any event within 72 haurs ofter death WIDOWED D VORCED This certificate should be executed within 24 hours 11 B RTHPLACE (State or foreign country) LOB K ND OF BUSINESS OR 2 CIT ZEN OF WHAT 1Do JSUAL OCCUPATION (Give kind of work done COUNTRYA MARTIN CO. ELECT MAINTENANCE MARYLAND certif cote, writing the word "pending" in penti in 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME R BOWEN JEANIE ROSS 16. SOC AL SECURITY NO 17 INFORMANT Address (If yes give wor or dates of service) 218013301 7011 ARION AVE. 21234 BESSIE BOWEN. 18 CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? or removal, PART II OTHER SIGNERIANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION NO. 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B) PRIMARY Or CONTRIBUTING 4 should CAUSE OF DEATH cremot on, MEDICAL (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, Hour o.m. (octory, street, office bldg, etc.) Not While ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Acc dent Homicide Undetermined manner death resulted from - Natural causes Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Charles F. O'Bonnell, M.D. Address (Street city town or rounty) Heolth 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 0 BALTIMORE, MD. LORRAINE PARK CEMETERY 12-11-67 250 REC D BY REG STRAR 25b REGISTRAR SISSIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15ME HOWARD H. HUBBARD 4107 WILKENS AVE., 21229

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16451 CERTIFICATE OF DEATH 16443 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Baltimore o. STATE b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENC ON A FARM? Chesapeake Manor Nursing Home 3910 Milford YES NO X The law requires that the death certificate be executed within. NAME OF 4 DATE Year Day DECEASED Hilda Brady (Type or pnnt) Dec. 19 DEATH and in ony event, 9. AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED OATE OF BIRTH JE UNDER 1 YEAR last birthday) Months Doys Hours WIDOWEO TO DIVORCED 100 USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please Homemaker Home Baltimore. Md 13 FATHER S NAME or removo Eli Free Matthews Barbara Ellen Sparwasser 303 Princeton Blvd WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 2-01-1620BCo.. Roland H. Bradv. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital ar ottending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse the SO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health YES [NO 20b. DESCRIBE HOW INJURY OCCURRED Enter noture of injury in Port I or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from the to other. be retained and that death accurred at JOIP M, from causes and an the date stated above saw the deceased alive an 22b. DATE/SIGNED 22o. SIGNATURE M.D DIRECTOR PHYS TO HOSPITAL Page 4 moy b 22c. PHYSICIAN S Chambers Earl Liberty Hghts Ave. NAME (Type) 23o. BURIAL CREMATION. ID 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Pikesville Balto Co Md Druid Ridge 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATUR VR A15 (4)/



1.40			16452 DIVISION OF VITAL RECORDS, 301 W. PRES	TON STREET, BALTIMORE, MARYLAND 21201
	(2)			TE OF DEATH
	de d	Ī	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
	de d		o. COUNTY Baltimore MARYLAND	o STATE Maryland b COUNTY / RRIKINGER
	the frages safts	ı	b. CITY OR TOWN (If putside corporate limits C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	ST 20 A		write RURAL and give nearest town] Catonsville	Carenewillex Arbutus
	24 hg 1 st 1 s		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e S RESIDENCE ON A FARM?
	de de la companya de	>^	Summit Nursing Home	4502 Leeds Ave. 21229 YES NO 3
	with Say	3	NAME OF DECEASED (Type or print) HENRIETTA H.	BRAWN DEATH Dec 21 1967
	nple cal		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE ('n years FUNDER 1 YEAR 1 FUNDER 24 HRS
	cecu con nave	-1	Female White WIDOWED T	9/23/91 lost birthday Months Doys Hours Min
	e ey and ren n ar	Ī	Do. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
	an ase	0	uring most of working life, even if retired) MDUSTRY Self Employed Retired	Maryland COUNTRY? USA
	ertificate be exe physician and c hen please remo naval, and in any		Self Employed Retired	14 MOTHER'S MAIDEN NAME
	certii ph hen nav		Cart Trebess	Emma V. Thomas
	ding ding ren	Г	(Ver no or unknown) (If one give war or dates of convice)	INFORMANT Address 21207
	dec itten irmi		(Yes, no, or unknown) (If yes give wor or dotes of service) 215-10-3182	ir. Walter H. Braun, Jr, 1111 Dorchester Av
	equires that the death certificate be executed values by signed by the attending physician and complete burial-transit permit. Then please remave carburial, crematian, ar remaval, and in any event,		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tonal Carcinorna bladder INTERVAL BETWEEN
	trary by creater		OT 3UG	
	quires the physician signed by sunal-tra	1	Conditions, if any, which gave) (h)	
	signatured in the state of the	ı	rise to immediate couse (o), stating the underlying cause DUE TO	
	ding ding the arto		(c)	
	The law reatending has been se as the th priar to	.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?
	or of the hand of	4		YES NO X
	Figure 1	1	2Do ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH JUST AND ACCIDENT WAS UNDERLYING STANDARD OF DEATH JUST AND ACCIDENT WAS UNDERLYING STANDARD OF DESCRIBE HOW INJURY OCCURRED OF THE PROPERTY OF T	D (Enter nature of injury in Port I or Port II of item 18)
	HYSICIAI haspital s certifica iched fa			PLACE OF INJURY (Home, form, 2Df (City or town) (County) (Stote)
	IDING PHYSICIAN: The law ri 1 by the naspital ar attending After this certificate has been 1 be detached far use as the 5 state Dept af Health priar ta	1	Hour om While Not While f	PLACE OF INJURY (Home, form, octory, street, office bidg, etc.) 2Df (City or town) (County) (State)
	by the first flags of the periods of the flags of the fla	- [p m 19 of work at work 21. I certify that (1) (this haspital) attended the decaged fram.	Rept , 1966 to 121021, 1967 that (1) (46) to
	ed led led le She She She She She She She She She Sh			nat death accurred a A. M. from causes and on the date stated above
	ATTA Hain Share Hain		220 SIGNATURE	22b. DATE SIGNED
	OR ATTENI be retained DIRECTOR: A ie 3 shauld ed with the		65 phl (fr ss MW	M D PHYS MED DIRECTOR D STAFF D 12-21-67
	At b	1	22c. PHYSICIANS NAME (Type) Earl I. Pass	22d ADDRESS
	TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	1		4001 Wilkens Ave., Baltimore, Md. 2122
	O HOS Page 4 O FUN directs		230. BURIA, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C. REMOVAL (Specify)	
	5 5 5 4		Birtial 12/23/67 Loudon Par	k Cemetery Baltimore Md.
	VR A15 (4)	7	Howard H. Hubbard, 4107 Wilkens Ave.	21229 PATE 250 REGISTRAR 196766. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1645 16445 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed eved, if institution Residence before admission) o. COUNTY Maryland rince George MARYLAND b CITY DR TOWN (It autside corporate limits, write RURA, and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 LMTH SDYS Bladensburg (20710) Catonsville

d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) popers d STREET ADDRESS 15 RES DENC ON A FARM? Spring Grove State Hospital 4202 53rd Avenue YES NO NAME OF Middle Lost 4. DATE Month Year please remave carban Doy burial, crematian, ar remaval, and in any event, we DECEASED December Brickerd (Type or print) Milton DEATH Robert IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6. COLOR DR RACE **NEVER MARRIED** 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED Jost birthdoy) Dovs White 12/21/30 Male WIDOWED DIVORCED IX 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) CDUNTRY? INDUSTRY attending physician permit. Then please Maryland Plumber, unemployed 14. MOTHER'S MAIDEN NAME Brickerd M. Harvey Ethel Charles 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT åddress (Yes, no, or unkpown) [If yes give wor or dotes of service] 578 40 6466 Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0) ASTROCYTOMA, Grade 3 or 1. vagrs Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While of work at work 19 Offnat (We) last 21. I certify that (1) (this hospital) attended the deceased from 10/30 saw the deceased alive an 12-8 3.13 10 director, page 3 shau d shauld be filed with the and that death occurred at M. from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE 12-8-67 PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S O FUNERAL Anthony J. Young, M.D. Spring Grove State Hospital NAME (Type) 23d LOCATION (City or Town) 230 BUR-AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ((vinty) (Stote) BREMOVAL (Specify) Colmar Manor Pro Geo Md. Dec 11, 1967 Ft Lincoln Cemetery ADDRESS 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons llyattsville, Md. DATE DEC

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1	-	MARYLAND STATE DEF		/LAND 21201
		6454 Division of STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE	OF DEATH	16446
funeral and a er death.	1.	LACE OF DEATH COUNTY RAITIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE BOOK O	ut on Residence before admission)
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deatle e haspital ar attending physician his certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carban papers. Pages and Dept. af Health priar to burial, cremation, or remaval, and in any event, within 22 hours after again.		CITY OR TOWN (If a fiside carparate mits, write RURAL and give nearest town)	CELLY OR TOWN (If autside carperate limits write R	URAL and give nearest tawn)
n 24 ho illed in popers, in 12 h		NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) SUMMIT CONV. HOME	d. STREET ADDRESS LONGHUSO	OF L L OF SERSIDENCE ON A FARM? VES NO 1
ecuted within 24 campletely filled ave carban papi y event, within X		AME OF First Middle ECEASED ype or print)	BROWN DEATH DE	C 7 1967
se executed with and campletely i remave carban in any event, wit		Male White WIDOWED DIVORCED	SATE OF BIRTH 8-27-1881 9. AGE (In years lost birthday) 8. Yrs.	Months Doys Hours Min.
ertificate be ex physician and nen please rem iaval, and in an	duri	USUAL OCCUPATION (Give kind at work done a most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
cerring ig phys Then p imaval,		FATHER'S NAME GEORGE BROWN	14 MOTHERS MAIDEN NAME ELIZABETH S	HEI-BY
affendir affendir ermit. In, or re		no, ar unknawn) (If yes give wor or dates af service)	NFORMANT Add	ress
that the in by the ransit p		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DIE TO	SIGNIAM COLUM	INTERVAL BETWEEN ONSET AND DEATH
attending physician has been certificate attending physician has been signed by the attending physician be as the burial-transit permit. Then please the priar to burial, crematian, or remayal, and		Conditions if only, which gave rise to immediate cause (a), stating the underlying cause (c) (b) DUE TO (c) The rise of the cause (a), stating the underlying cause (c) (c)	HE PER CHEININ - UNSO	6-1-0-05
riticate has been d far use as the af Kealth priar to	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
red far t. af Kec	L CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18.)	
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	MEDICAL	Haur a.m. pm. 19 While Not While of focto	E OF INJURY (Hame, farm, ry, street, office bldg, etc.)	(County) (Stote)
cTOR: Aff			death occurred of 7/30/2M, fram causes	7, 19, 47, that (I) (we) lass and on the date stated above
ay be retained AL DIRECTOR: A page 3 shauld e filed with the		22a. SIGNATURE 22c. PHYSICIAN'S C.C. (1) Z.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. [17/7/67
Page 4 may O FUNERAL director, page Shauld be fil	220	NAME (Type) C 14 M S A DEL 14 THE BURIAL CREMATION 23b DATE/HEREOF 23c NAME OF CEMETERY OR C	SSEV FRIMINISON.	(County) (State)
director,	230	REMOVAL(Specify) 236 DATE/HERRY F 236. NAME OF CEMETERS OF C	VE PAR LOALT	C (SIGNATURE
A15 M	U	1	MONDS DEC 8 1967	Tcharles Judge



164	55 DIVISION OF	MARYLAND STATE DEPA VITAL RECORDS, 301 W. PRESTO			
		CERTIFICATE	OF DEATH	11	6447
PLACE OF COUNTY Balti	more	MARYLAND	O STATE MARY	deceosed ved, if institut on Re	PINCE BEOKSE'S
Mount	OWN (f outside corporate limits, RAL and give nearest town) Wilson	2 mons 8 days	CAUREL	corporate limits, write RURAL and	4
	HOSPITAL OR INSTITUTION (If not in		809 WEST	STREET.	9 IS RESIDENCE ON A FARM? YES NO FA
3 NAME OF	Wilson State	Middle	Lost , 4,	DATE Month	Doy Year
OECEASED (Type or pri			ROWN	OF 12 1 "	26, 1967
s SEX M	· C v	VIDOWED DIVORCED	DATE OF BIRTH 4,19,	3 lost birthdoy) Mont	
during most of s	IPATION (Give kind of work done rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stot SILVER SPR	ING, MD.	country?
13. FATHER'S I	ULYSSES	8 BROWN	14. MOTHER'S MAIDEN NAME SAG	AH WARN	ERI
(Yes, no, or unk	SED EVER IN U.S. ARMED FORCES? nown) (If yes give wor or dates of ser	vice) 214-28-9876Rec	(PUKMANI	Address	
.103, Conditions	OF DEATH (Enter only one couse p. E. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) If any, which gove nediote couse (o), bunderlying couse (c) (c)	Preumonits',	terminal	, shaphyloeus quamous co	
PART II. O	Per SIGNIFICANT CONDITIONS CONTR	THE EN ENLER ES	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRI	INT WAS UNDERLYING IN BUTING IN CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (I	Enter nature of injury in Port I	or Port II of stern 1B.)	, 💆 💋
MED	OF INJURY Month, Doy, Yeor our o.m. p.m. 19	While of work of work of the foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f (City or town)	(County) (State)
		1) attended the deceased fram / 2 , 26 , 19 6.7, and that	death accurred at 65		
22o. SIGN	Willwer.	mer M.D		TOR STAFF 22th	DATE SIGNED
22c. PHY: Wm NAN	Newcomer, M.D	.,Superintendent	22d. ADDRESS Mount Wil	son, Marylan	nd
230 BURIAL, C REMOVAL BL	EMATION, 23b DATE THEREO			3d LOCATION (City or Town)	(County) (State)
24. FUNERAL	irail 1/2/68.	Asbury Demo	tery 250. RECID BY I	REGISTRA 1968 PROISTRA	RS SIGNATURE Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16448 **HEALTH DEP1** TA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d COUNTY 2, and 3 to PM3 Pm o. State Maryland portment of Baltimore MARYLAND CITY OR TOWN (I outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (Floutside corporate 1 m ts, write RURAL and give nearest town) write RUPAt and give nearest town) Towson d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) pencil in Item 18. Give Pages 1, along with form 1417 Jeffers, Rd. YES NO 🔀 the State at Lighter This certificate should be executed within 24 hours ofter death Month 23 NAME OF 4 DATE DECEASED Dec. David Donald Bryson DEATH (Type or pnnt) S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARR ED July 29th. 1925 ids Dirthdoy) Hours White Male 72 hours after death. WIDOWED D VORCED Office (lond2 v 100 USUAL OCC. PATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUS NESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Rock Springs Wyoming. Funeral Director Exominer's Funeral 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bonnie Hampton Emery Bryson 17 INFORMANT 16. SOCIAL SECURITY NO. Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? writing the word "pending" is rwarded to the Chief Medical Sally Bryson (Wife)1417 Jeffers. Rd. (Yes, no, or unknown) (If yes give war or dates of service) 522-24-2063 w thin INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Conditions, if only, which gove (b) rise to immediate couse (a). forwarded to DUE TO stoting the underlying couse 0 removol, and 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CATION please execute the certificate, þe 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW IN JRY OCCURRED (Enter nature of injury in Part or Part II of item B 3 should cremotion, or 22 sevelve Accessed Shot Self in wal CAL EXAMINER: 20d INJURY OCCURRED 20e PLACE OF NJURY (Home farm (City or fown) (Stote) 20c T ME OF INJURY Month, Day, Year MED factory street, office bidg , etc.) Not While of work FUNERAL DIRECTOR: Page Garrista Sylvan Lewis Flying Home ot work inspection 💢, 21. I certify that I taak charge of the remains described above, held an Autopsy [Inquiry X and in my op'nton Suicide 🔀 death resulted fram Natural causes Accident . Undetermined manner Hamicide retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED TO FUNERAL D Health prior t ASSISTANT MEDICAL EXAMINER L funeral TO DEPUTY pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city town, or county) NAME (Type) the NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BUR AL, CREMATION Burlal (Specify) Dec. 26th. 1967 East View Cemetery Newton, North Carolina. 2Sb. REGISTRAR'S SIGNATURE Sylvan S. Lewis & Son 25g REC'D BY REGISTRAR VR A15ME (5) P.O. Box 65 Garrison Md DATE DEC 6M 1/67

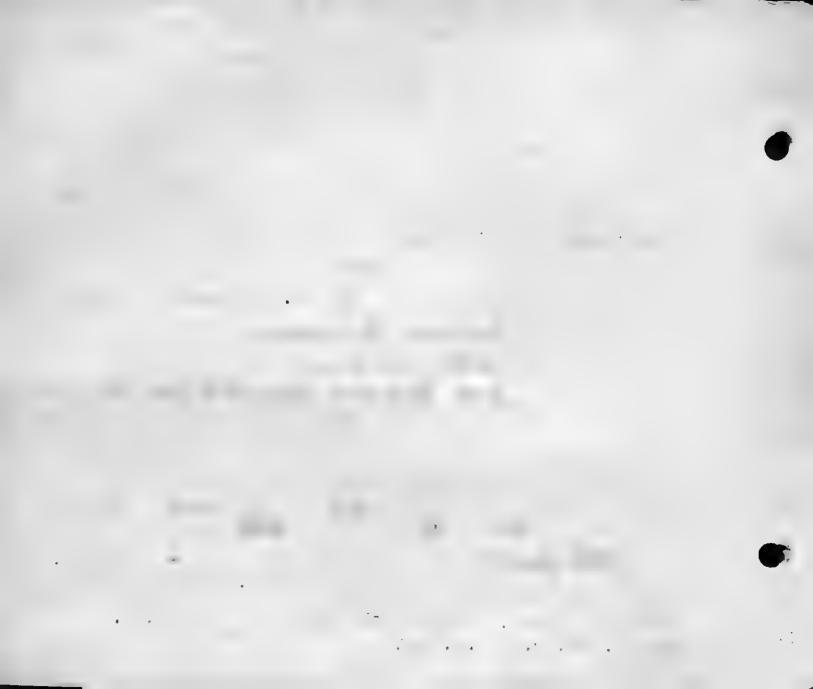
Memorial Chanel



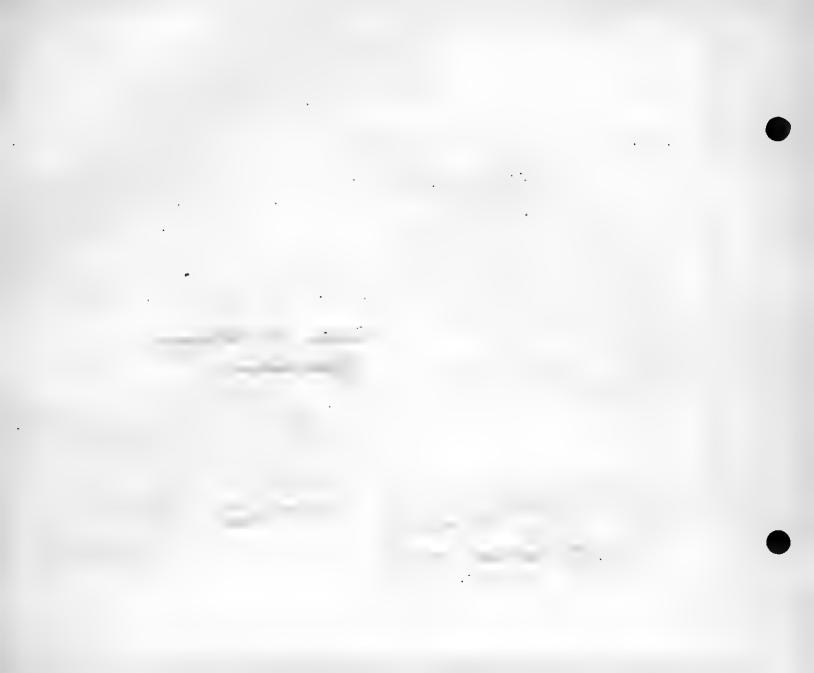
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TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1645 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if outs de corporata limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) write RURAL and give [nearest town] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) a. IS RESIDENCE ON A FARM? YES NO DE NAME OF Middle DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF LINDER 24 HRS Months WIDOWED M DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & Stale, or foreign country] Retired Salesman Milk Company USA 13 FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIA, SECURITY NO. 17. INFORM [Yas, no, or unkown] [[fyasgivawarordatasofservica] Nellie Brewer (Same) 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1 156 X **DUE TO** Conditions, if any, which gave risa to immadiata cause DUE TO (a), stating the undarlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY CERTIFICATION PERFORMED? □ NO 🖂 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Part I of Part II of item 18) (IF EITHER NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED. 20s. PLACE OF INJURY Home, farm, 20f. (City or town) (State) 20c, TIME OF NJURY Month, Day, Year [County] factory, street, office bldg., atc.) While Not While at work at work 21. I certify that (I) (this hospital), attended the deceased from... , and that death occurred at 11200 from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a 5 GNATURI ATTENDING SIGNED PHYS. PHYS. DIRECTOR M.D. rector, page filled with the death. Page O FUNERA director, page be filed with 22d. ADDRESS 22c PHYSIC AN'S Balto. County Ceneral Hospital NAME (Pype) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Gardens of Faith Cemetery Baltimore, Md. 24 SUNERAL DIRECTOR'S SIGNATURE INC. 256 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Balto Md 21214



	MARYLAND STATE DEPARTMENT OF HEALTH ONLY OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
and 2	1 645) OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	I. PLACE OF DEATH BALTIMORE COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY a. STATE b. COUNTY
	MARYLAND MARYLAND
ĺ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3 ALTIMORE
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
k	GREATER BAHIMORE MEDICAL CENTER 2922 HUDSON STREET YES NO D
l	3. NAME DF First Middle Last 4. DATE Month Day Year
	(type of print) ANDREW LEOWARD BUETTNER DEATH DEC. 16 1961
	MAIF (1) WINDOWED TO DIVIDES TO 10/102/06 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of provided during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT WPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ŀ	BAKERY OHLIMORE, MO. U.S.A.
l	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME
ļ.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
l	(Yes, no, or unknown) (If yes give war or dates of service) 2/2-22-3678 CHART ADMISSION SHEET.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ı	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Can Can of Son hagus
	Conditions, If any, which
	gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c)
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. FLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work
	21. I certify that (i) (this hospital) attended the deceased from 11/30-, 1967, to 12/16, 1967, that (i) (we) last
	saw the deceased alive on 12/16/1967, and that death occurred at 103 AM, from the causes and on the date stated above 22a. SIGNATURE 1
l	Tiring m. D. M.D. PHYS. MED. STAFF 12/16/67.
	22c. PHYSICIAN'S DR. PIRNIA M.D. 22d. ADDRESS
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 12-14-67 St. Stanislaus (content to 1+, more Md.
	Michelm T. Wallen 3021 Contem and DEC 21 1967 galisales judg
	UALD = - A



1		MARYLAND STATE DEPARTMENT OF HEALTH 1 PHYISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 274°		T BIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
after death, y the funeral ges 1. and 2.	1.	PLACE OF DEATH a. COUNTY BOULTIMOTE - COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MONITOR b. COUNTY B. LTIMOTE O MARYLAND
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) COUSON BOUTOMS (if outside corporate limits, write RURAL and give nearest town) BOUTOMS (if outside corporate limits, write RURAL and give nearest town)
	g	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? VES NO
d within mpletel carboment, with	3.	OF (Type or print) Ida (ac Suddette DEATH 12 12 1967
execute and co remove 1 any ev	F	emale Cau WIDOWED DIVORCED 7-16-05 62 yrs. Months Days Hours Min.
ate be nysician plea⊪e 1, and ir	du	a. USUAL OCCUPATION (Give kind of work done INDUSTRY) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? CHARGE INDUSTRY 11d. MOTHER'S NAME
certifica Iding ph Then remova		John Westfall Rachel (Westfall) unknown
death	(Ÿ	es, no, or unkown) (If yes give war or dates of service) unknown
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit mermit. Then pleame remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate (b)
law requirenting the prior to prior to	No.	cause (a), stating the DUE TO underlying cause last. (c)
N: The trail or a lifticate for use for use	CERTIFICATION	YES NO PERFORMED!
YSICIA hospils cer ached		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ING PH I by the officer the be del	MEDICAL	Hour a.m. While Not While p.m. 19 at work factory, street, office bldg., etc.)
R ATTEND e retained RECTOR: A 3 should with the		21. I certify that (I) (this hospital) attended the deceased from 12-12-67, 19 to 12-12-6719, that (I) (we) last saw the deceased alive on 12-12-67 19, and that death occurred at 5234 from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED
SPITAL OR 4 may be NERAL DISTORY, page d be filed		22c. PHYSICIAN'S PB BRISCOEDY. ATTENDING MED. STAFF M 12-12-60 22d. ADDRESS Balto. Med. Centre
Page TO FUN direc shoul	23i	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF DEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOTION 12-16-67 GREEN MOUNT BALTIMORE, MD
VR A15 (4)		
20M 1/03	-	

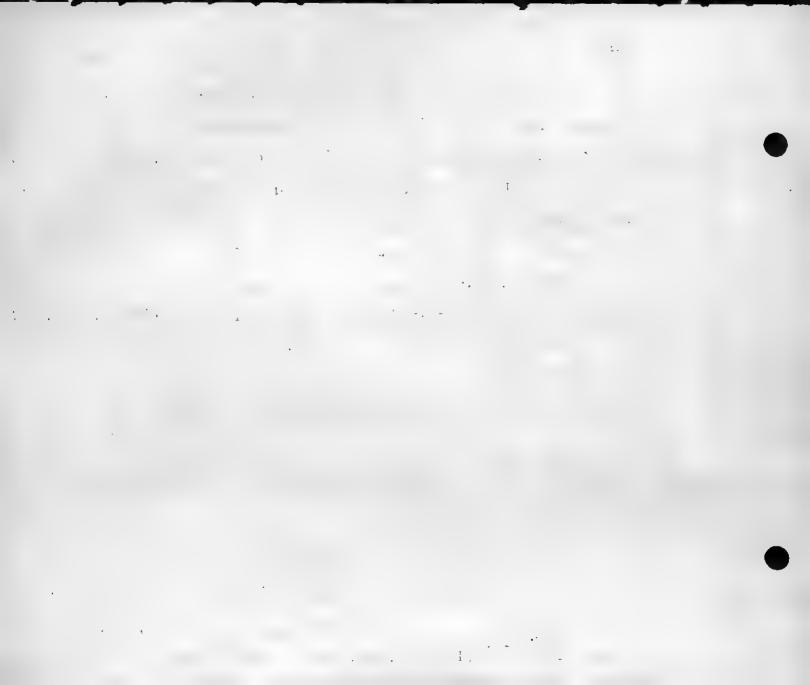


$J_{n} \times 1$	MARYLAND STATE DEPARTMENT OF HEALTH
\$ EP	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16453 CERTIFICATE OF DEATH
atte Stranger	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. STATE b. COUNTY
2	Baltimore b. CITY OR TOWN (if outs de corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) C. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
within 2.	Reisterstown month Cockeysville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
ted v	Rt. 3 Box 48 Hanover Rd. 3. NAME OF First Middle Last 4. DATE Month Dey Year
execu comple on pag	(Type or print) Charles C. Burke December 8, 1967
be produce	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers 14 UNDER 1 YEAR 15 UNDER 24 HRS. North 15 UNDER 25 UNDER 25 UNDER 26 UNDER 26 UNDER 26 UNDER 27 UNDER 27 UNDER 27 UNDER 27 UNDER 27 UNDER 27 UNDER 28 UNDER 28 UNDER 27 UNDER 28 UNDER
certificate physician s remove	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Carpenter Maryland U.S.A. 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME U.S.A.
	Conard II Burk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ま 2 2	(Yes, no, or unkown) (If yespivewer or detes of service) NO. 216-07-4349 Mrs. Mary B. Turnbaugh Rt. 3 Box 48 Hanover R. 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
law requiring phy en signe altransit	DUE TO
The law requires the attending physician, as been signed by the burial-transit permitials, compalion, or ren	Conditions, if any, which geve rise to immediate cause (a), stating the underlying DUE TO
PHYSICIAN: the hospital or his certificate for use as the th prior to bur	Ceuse lest. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PHYSICIAN: the hospital or his certificate for use as the th prior to bur	YES NO X
-0 =	
ATTENDING be retained by CCTOR: After uld be detache te Dept. of Haz	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 19
	21. I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1967, that (I) (we) last saw the deceased alive on 1967, and that death occurred a 32.0 M, from the causes and on the date stated above.
	220 SIGNATURE CO MCC 1 ATTENDING MED. STAFF 226. DATE SIGNED
HOSPITAL Page 4 FUNERAL Pector, page 3	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 1/2 - 1/2 - 1/3 6
O HOSP death. P O FUNE director,	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stote)
E F	Burial 12/11/67 St Johns Lutheran Cemetery Sweet Air, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. RECO BY REGISTRAN 988 REGISTRAN
VR A15 NO 20M S-63	Wm. Cook-Brobks Towson 1050York Rd. 21204
47	



$\setminus \exists$		16462 CERTIFICATE OF DEATH	13454
		PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased fived, if it is, STATE is to be COUNTY A. S.	ITV 4 .
		1) ALT IN 621 MARYLAND MA.	DITTI
		b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerast town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerast town)	RURAL and give neerest to
)		1 0 W S 2 N d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	l e. îs
		7112 York Road 7112 XXX York Road	10
	3.	NAME OF First Middle Last 14. DATE Month	YES [
	1	(Type or print) HOWARD E. BURKHARD T DEATH DE	
	5.	SEX 6. COLOR OR RACE 7 MARRIED WINDVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors	IF UNDER 1 YEAR IF UND
		M WIDOWED DIVORCED 4-12-95 Jest birthday)	Months Deys Hours
	10a	USUAL OCCUPATION (Give kind of work 10h KIND OF RUSINESS OF INDISTRY 11 RIPTHELACE (County & State or foreign country)	12. CITIZEN OF WHAT
	dor	et., Balto. Cty. Supt. of Assessments Balto., Md.	USA
		FATHER'S NAME	1
		John G. Burkhardt Laura Bradburn	
		WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
		s, no, or unkown) (If yes give wer or dates of service) 215-05-2251 Mary A. Burkhardt 7112 York	Road Balto,
	-7	1B. CAUSE OF DEATH [Enter only one cause par the for (e), (b), end (c).]	INTERVAL ONSET AN
		PART I. DEATH WAS CAUSED BY: MY O CHROIT IN FARCTION	ONSET AN
		11 101	
		Conditions, if any, which Obj ARTERIOSCUERO TO CHEDIOVASCULAR DISP	MEE 6)
		geve rise to immediate causa [a), stating the underlying DUE TO	
		couse lest. (c)	
^	20	PART .I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	PER IN PART I(a) 19. WAS
2	3		YES _
	동	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Annual Populary OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While Not While Taclory, street, office bldg., etc.)	(County)
	ME	p.m. 19 et work st work	
		21. I certify that (I) (this-hospital) attended the deceased from	, 19. 5 .5, that (I)
		saw the deceased alive on Nov. 15 19 67, and that death occurred at 2. M, from the causes	and on the date sta
		220 JIGHATURE ATTENDING MED. STAFF	12.
		MD PHYS. DIRECTOR PHYS. 1	
		NAME (Typo) WILLIAM A. PILLSBURY TIMOWIUM	md
1		BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, to	wn or county)
1			
1	Ι.	REMOVAL (Specify)	County
6	_1		

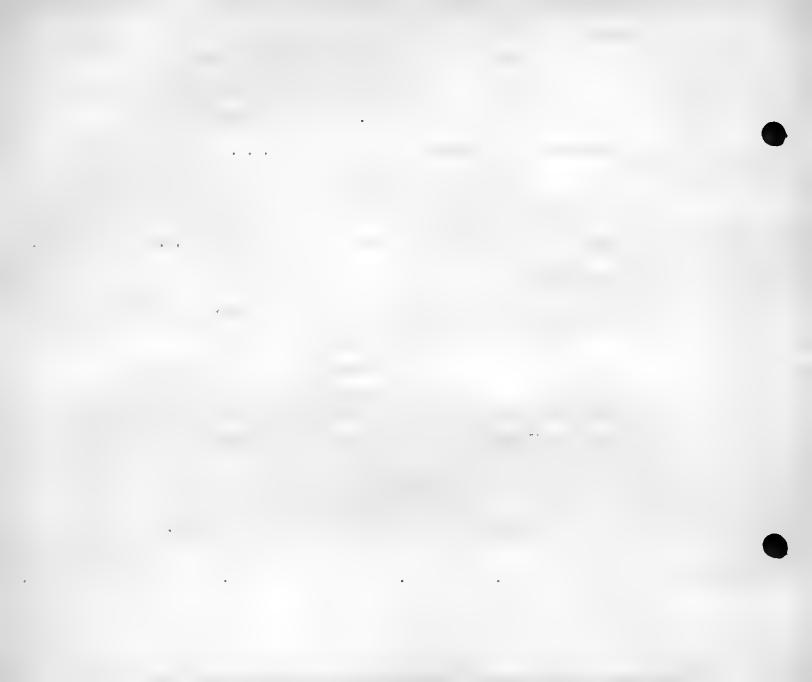




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16464 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death gud PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission n COUNTY b. COUNTY MARYLAND b CITY OR LOWN (If outside carparate limits c LENGTH OF STAY IN 16 Of Jauts de carporate (mits, write RURAL and give negrest tawn) OR INSTITUTION Lif not in haspita, give street address) NAME OF 4. DATE DECEASED OF DEATH IF UNDER 24 HRS COLOR-OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost buthday) Months Haurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of well 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, royor unknown) (If yes give war or dates of service) burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) + 4 U X DUE TO Conditions, if only, which gave rise to immediate cause (a), DUE TO stating the underlying couse the this certificate has been PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDISION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO C YES [200 DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Part 11 of item 18.) 20a ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this nospital) attended the deceased from 196 saw the deceased alive on, , and that death occurred at 6 36 M, from causes and on the date stated above 220 SIGNATURE 22b DATE SIGNED STAFF DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 230 BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City or Low (Stote) 250 RECD BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE. VR A15 [4] 25M 1/67 Milwells DATE DEC



	TWE TO T			ARYLAND STATE D							
	1646	DIVISION	OF VITAL R	ECORDS, 301 W. PRI			ORE, MA	RYLAND 21201			
. 2	1040	3		CERTIFICA	ATE	OF DEATH		7	1	645	4
alon alon	1. PLACE OF CEATH					2. USUAL RESIDENCE	(Where dece	ased lived, if institut	on Reside	nce befare	admissian)
er deat	a COUNTY Bal	timore		MARYLANI	,	a. STATE Mary	land	b. COU		en A	nne
y the fu	b CITY OR TOWN	f outside corporate limit d give neorest tawn)	5,	C. LENGTH OF STAY IN 16		E CITY OR TOWN (If o	iutside corpo	rate limits, write RUI	RAL and giv	e nearest	town)
aurs by by sales	l Owi.	ngs Mills		17 yrs.		Mill	ingto	n			, mg j
4 h J in Joers 72 h	d name of hospit	AL OR INSTITUTION (If no	et in haspital, g	ive street oddress)		d. STREET ADDRESS				6	IS RESIDENCE ON A FARM?
within 24 ha		ewood State				R.F.			v	Y	res 🗽 no [
od with	3 NAME OF DECEASED		31	Middle		Last	4 DATE	2.0		Day	Year
ecuted with	(Type or pnnt) S SEX	6. COLOR OR RACE	1 yn 7 MARRIEO	NEVER MARRIED IX	7 0	CANNON DATE OF BIRTH	DEAT	H 12 9 AGE (In years	I IF UNDER	20	19 67
ate be executed victor ond completing ond in any event,	Female	White	WIDOWED	NEVER MARRIED X	: °	3-19-45		last bythday)	Months	Doys	Hours Mi
ond ond rem	100 USUAL OCCUPATION	N (Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	/ & State or	1.7	12 (ITIZEN OF	WHAT
ertificate be physician o nen please ioval, ond in	during most of working Dependen	ute, even if retired)	IN.	none		Baltimore		-	((OUNTRY?	U.S.A.
fical ysica ple of, o	13. FATHER'S NAME				7	14. MOTHER'S MAIDEN					
certi poh hen novi	Thomas C					Dorothy H	amilt	on			
ne deoth cer attending p permit. The ian, or remo	15. WAS DECEASED EVE	R IN U.S. ARMEO FORCES? (If yes give wor or dotes o	f service) 16. S	OCIAL SECURITY NO.	17 IN	FORMANT		Addre	\$5		
he deoth attendin permit. ian, or re	no				Ros	ewood Reco	rds,	Owings Mi	lls,	Mary	land
is that the death certific kian. d by the attending phys I-tronsit permit. Then p I, crematian, or removal,	IB. CAUSE OF O	EATH (Enter any one cau TH WAS CAUSED BY:	2 1 1	4 * 4 4 4 4 4 4 4 4	,,	//					RVAL BETWEEN
thot In. by t rons rem	ر رین و	IMMEDIATE CAUSE		hyxia/defici	éné	y Asph	yxia			-	
equires that the physician. signed by the buriol-transit burial, cremal	Conditions, if any	. which gave .)		111111111111111111111111111111111111111	14	/ 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
equire physic signec buriol burial	rise to immediat	e couse (a),		katiled /01/ 16	on/	ASpirati	on o	contents		-	
e law re tending ss been as the prior to	stoting the unde	rlying couse		ax/Retardati	ph/	/					
by the hospitol or ottending physician. by the hospitol or ottending physician. fler this certificate hos been signed by be defacthed for use as the burial-tron Stote Dept. of Health prior to burial, cre	PART II OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING T	O OEATH BUT NOT RELATED	TO TH	E TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(a)		19	WAS AUTOPSY PERFORMED?
AN: The ol or oth itcore hos for use Health p	ZXSVIVA 200 ACC DENT WA OR CONTRIBUTING OF EITHER NOTIFY	AA.6hAZZZZZ	106/11/11	/#####//\\	4X/	Rewardaki k	M Mer	ntal reta	8 · Ve	re	S NO
ficor for for FHe	200 ACC DENT WA	S JNDERLY-NG CAUSE OF DEATH	20b DE:	SCRIBE HOW INJURY OCCUR	REĎ (E	nter nature of injury in	Part I or P	art II af item 1B)			
PHYSICIAN: 1 e hospitol or his certificate stached for us Dept. of Healt	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
NDING PHYSICI of by the hospire. After this certif d be detoched to stote Dept. of	20c TIME OF INJ	URY Manth, Day, Year m.	20d IN White	JURY OCCURRED 20e		OF INJURY (Hame, fari		(City or town)	(Co	unty)	(State)
ATTENDING etained by th CTOR: After t should be da rith the Stote	p i		at wark	Not Wale at work		2/21	10 50	10/00	10/		
= = = = = = =	2) 1 certs	ty that(s) (this has ecepsed alive an(pital) atténa 3 2 / 26	led) the deceased from		2/21 death accurred at		ta 12/20	, 195	bo date	at N) (we)
R ATTEND retained RECTOR: A 3 should with the S	27a SIGNATURE	ecensed dive div_	12/20	7.02, 0110	IHUI 1	dealli decarred di		-		ATE SIGNE	
OR ATTENE be retained DIRECTOR: A ge 3 should ed with the	6	a hunder	16	Lame	M.D	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	12	2/21/	167
AL (A)	22c PHYS CIAN S	Richard A.	Jones	XM.D.		22d AODRESS	S+ H	losp., Owi	nee)	44 3 3 4	. Ma
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the				/-		-1					
Hour V	230 BURIAL, CREMAT (REMOVAL (Specify	1		230 NAME OF CEMETERY	OR CR	REMATORY	23d	OCATION (City or Tai	_	((αυπίγ)	(State)
5 5 5 4	24 FUNERAL DIRECTO	0 1/6- N	4-67	ADDRESS	00	20 200	D BY BLOK	TRAD - LOSS DE		MILL	, 1 [
VR A15 (4)	2 rolled black	5/3	1	7) HUNKESS (DATE	1 27	IRAR 1967 256 RE	GISTRAR'S	P P P	udas.
- N. I	20112	5/000	Ald the min	occurator.	3-4-6	DAIL DAIL		<u> </u>		- 11	14



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16465 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death funeral PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY o, STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate hmits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ᇴ OULS filled in by FORT HOWARD 113 DAYS BALTIMORE d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 3145 CLIFTMONT AVENUE NO X YES NAME OF FIFST Middle Lost 4. DATE Month carbon Doy Year DECEASED JOE (or JOSEPH) CARLO (Type or print) DECEMBER 19 19 67 DEATH IF JNDER 1 YEAR 5. SEX 6 COLOR OR RACE **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED 75 vrs Months Doys Hours and in ony MALE WHITE 7 27 92 WIDOWED DIVORCED puo 10b KIND OF BUSINESS OR 100 JSUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & Stole, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician c ien please INDUSTRY COUNTRY? BROOM MAKER Italv Blind -Shop II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, attending phy permit. Then CARMBLLO CARLO ROSARIA VICARI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 212 32 3307 CLINICAL RECORDS VA HOSP FT HOWARD, MD YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY PNEUMONIA, BILATERAL, ASPIRATION, UNDETERMINED IMMEDIATE CAUSE (o) by the hospital or attending physicion. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse os the prior to hos been CHRONIC BRAIN SYNDROME, CEREBRAL ARTERIOSCLEROSIS UNKNOWN WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. be detached for use State Dept. of Health NO X certificate 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF NUJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) O FUNERAL DIRECTOR: After this WED Hour om. foctory, street, office bldg. etc.) Not While of work ot work 21. I certify that M (this hospital) attended the deceased fram 8/28/67 to 12/19/67, 19___, that X (we) last 19 be retained saw the deceased alive an 12/19/67 and that dooth accurred of COOAM, from causes and an the date stated above. 19 22o. SIGNATURE 226 DATE SIGNED ATTENDING 12/19/67 DIRECTOR PHYS. filed M.D. PHYS. tor, poge old be filed 22c. PHYSICIAN'S 22d. ADDRESS NEILON NEILSON, M. D. NAME (Type) HOSPITAL FORT HOWARD, MARYLAND Poge houl 230 BURIA, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) rec REMOVAL (Specify) 12/22/67 Balto. Nat. Cem Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS SCHIMUNEKS FUNERAL HOME, BREHMS LANE

3:

FOR STATE HEALTH DEPT. ny deloy is in pencil in Item 18. Give Pages 1, 2, and 3 to. ent of necessory, please execute the certificote, writing the word "pending" in penct in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page POSTING a buriol-transit permit. File pages land2 with the State D. This certificate should be executed within 24 hours after death the Health pror to buriol, cremation, or removal, and in any event within 72 hours after death. 5 moy be retained for your files. TO FUNERAL DIRECTOR. Poge 3 should be used as MEDICAL EXAMINER:

1646

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18459

1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest fawn) Baltimore						
	o. COUNTY Baltim	nre		MARYLAND							
-		If outside corporate limits,	T c LENGTH	OF STAY IN 16							
<u>)</u>	Towson	d give nearest town)									
4		AL OR INSTITUTION (If not n h		ddress)	d STREET ADDRESS			B IS RESIDENCE ON A FARM?			
		iff Apartments	8		1718 W.	Lombard Street		YES NO			
	DECEASED (Type or print)	CHESTER)	LLOYD	CARROLL	OF DEATH December	19,	Year 19 67			
	SEX		ARRIED 🔼 NEVE	R MARRIED	B DATE OF BIRTH	9 AGE (n yeors last-pirthdoy)	IF UNDER 1 YEAR Months Dovs				
- 1	la le		DOWED	DIVORCED	3/4/26	4-1 Yrs	MOIIIIS DOYS	Hours Min			
10 du	ring most of working	(Give kind of work done life, even if retired) 11001	OB KIND OF BUSING SELF-Emp		11 BIRTHPLACE (Stote Staunt	or foreign country) on, Va.	12 CTIZEN C COUNTRY	SA SA			
13	FATHER'S NAME				14 MOTHER'S MAIDEN						
		Cecil L/ C	rroll		řu	lia dollinger					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes of servi	ce) 16 SOCIAL SECUI	RITY NO 17 I	NFORMANT 1718 W: L	Carroll Address	>				
	18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Arteriosclerotic Cardiovascular Disease										
	422/ DUE TO										
		Cond tions, if ony, which gove (b)									
	rise to immediate couse (a), Stating the underlying couse DUE TO										
	(c)										
ATION	PART II OTHER S	GNIFICANT CONDITIONS CONTRIL	BUT NG TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	1	WAS AUTOPSY PERFORMED? YES X NO			
CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH		20b DESCR BE HOW	INJURY OCCURRED	(Enter nature of injury in	Port I or Part II of tem 18)					
MED CAL	20c TIME OF INJU Hour o.r	10	20d N.JRY OCCUR While Not W of work of wo	hile foct	CE OF INJURY (Home, torn ory, street, office bldg., etc.)		(County)	(Stote)			
	21. I certif	y that I took charge of	the remoins desc	ribed obove, he	ld an Autopsy 🛣	Inspection [Inqui	ry 🗍 , an	d in my opinion			
	deoth result	ed from <u>Natural car</u>	ises K Accid	lent 🔲, Suic	ide , Homicide	Undetermined mo	nner 🗍				
	ACTUAL	1.112 01			CHIEF MEDICAL	EXAMINER .					
	SIGNATURE	11lesul	10-6		M_D ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED			
	EXAMINER'S NAME (Type)	Werner U.	Spitz, M	p .	DEPUTY MEDICA Address (Street	AL EXAMINER	12/	19/67			
23	BURIAL, CREMATIC REMOVAL (Specify			Leghany	crematory dem. Pk. Con	23d. LOCATION (City or Town	y, Val.	y) (Stote)			
2	4 FUNERAL DIRECTO			DRESS			STRAR'S SIGNATU				
	Witzke F	. D 4101 Ed	unonason r	ive.	DATE DE	EC 2 1 1987 🔏	Means (By	Lordin			

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1646 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY Allegany Baltimore Maryland MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45yrllmth16dys Cumberland, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARMS event, within 72 STATE unknown SPRING GROVE HOSPITAL YES NO 3 NAME OF First Middle Last 4 DATE Month Dov Year DECEASED 18 C. December Ira Carson (Type or print) DEATH IF JNDER 1 YEAR 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED buthday) Dovs Hours June 23, 1884 burial-transit permit. Then please remover burial, crematian, ar remaval, and in any male White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? duting most of working ife, even if retired) INDUSTRY Illinois laborer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry Carson Jennie Herring 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Records: SPRING STATE HOSPITAL GRO VE 219-54-3064 NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY MYOCATOLEL signed by the burial-transit ; Infarction with supraventricu IMMEDIATE CAUSE (o) lar tachycardia Page 4 may be retained by the haspital ar attending physician. DUE TO MArteriosclerotic Cardiovascular Ht. Dis. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been page 3 should be detached far use as the be filed with the State Dept. af Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I DESCENT Suprapubic Cystolithotomy & Prostatectomy. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. I.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) 2). I certify that (4) (this hospital) attended the deceased fram Jan. 2 saw the deceased glive an Dec. 18 19 67, and that death accurate 19 67, and that death accurred at 30 Dec. 18 19 67 that (1) 10% las M, fram causes and an the date stated above 22b. DATE SIGNED 22o SIGNATURE 12-18-67 DIRECTOR STATE 22d ADDRESS SPHING GROVE 22c PHYSICIAN'S NAME (Type) Young, M.D. Anthony Baltimore Maryland directar, shauld b NAME OF CEMETERY OR CREMATORY BURYAL, CREMATION, en Catherela 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4)

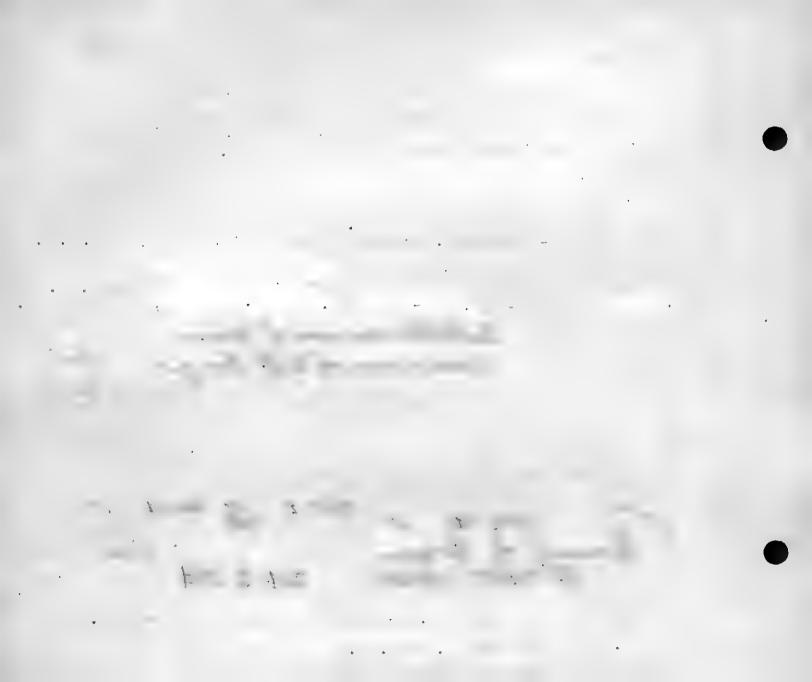


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16470 CERTIFICATE OF DEATH 16463 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY g. STATE b. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town).
Fort Howard 83 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 1200 N. Rolling Road within NO A NAME OF 4 DATE Middle Year DECEASED OF DEATH complete December 19 67 CHANEY (Type or pont) ELMER cort event The law requires that the death certificate be executed 9 AGE (n years SEX 6. COLOR OR RACE DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 1 birthdoy) 7/18/94 Haurs and in any White WIDOWED DIVORCED Male 1Do. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHE & L (County & State, or b. agn country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Clarence Chaney Williams Trene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dates of service) ь 216 09 25 14 Clinical Reds, VA Hospital, Ft Howard, Md cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: STAND SEATH BRONCHO-PNEUMONIA IMMEDIATE CAUSE (o) þ **DUE TO** Conditions, if any, which gave ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE rise to immediate couse (a), DIJE TO HEART FAILURE stating the underlying couse Page 4 may be retained by the haspital or attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? CERTIFICATION CLINICAL) SURGICAL ABSENCE LEFT LEG DIABETES MELLITUS YES A NO far 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a m. foctory, street, office bldg, etc.) of work 19 67 to Dec. 27 19 67, that (M (we) last 21. I certify that (to (this haspital) attended the deceased fram. Oct. , and that death accurred at 8:20 M, fram causes and an the date stated above. DIRECTOR: saw the deceased alive an 12/27/67 226 DATE SIGNED 220 SIGNATURE. bullarMo ATTENDING STAFF 12/27/67 mushau DIRECTOR T director, page Should be filed 22d ADDRESS PHYSICIAN'S MADHAV D. BARHANPURKAR, M.D. VA Hospital, Fort Howard, Ma. 23c NAME OF CEMETERY OR CREMATORY 23d "OCATION (City or Town) 230 BUR AL, CREMATION, 23b DATE THEREOF (County) (Stote) Baltimore National Jan. 2, 1968 Baltimore, Md. 2 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE North & Broadway Henry Sander & Sons Inc. VR A15 (4) 25M 1/67 SANDERS FUNERAL HOME Ralto Md



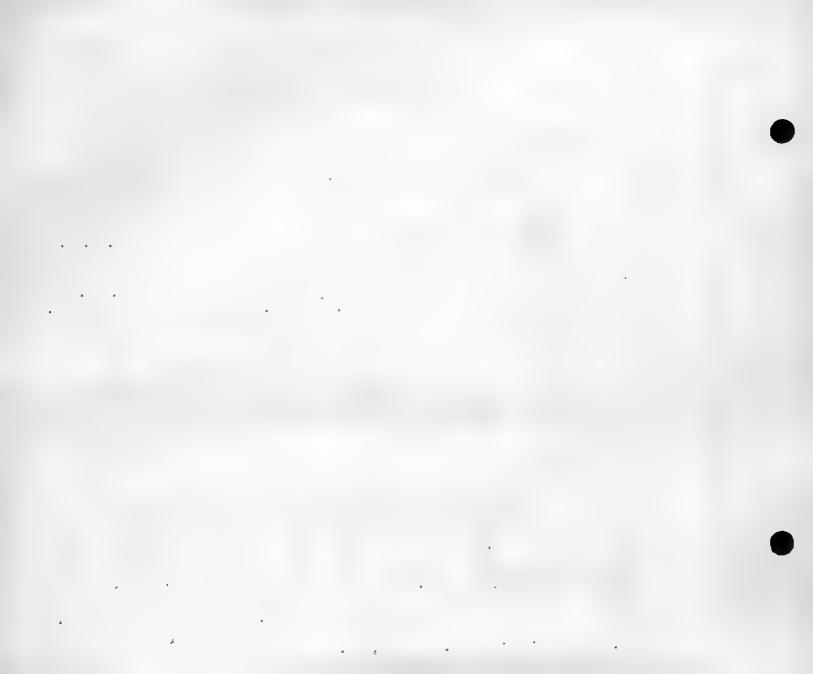
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16471 CERTIFICATE OF DEATH The low requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate timits) RURAL and give negrest town) IS RESIDENCE ON A FARM? A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NAME OF Middle DATE DECEASED OF OEATH arence (Type or print) IF UNDER I YEAR SEX 6. COLOR OR RACE IF UNDER 24 HR 7. MARRIED **NEVER MARRIED** b rthdoy) Months Doys Hours WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 17. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) physicion (nen pleose Armer o ant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per une fo INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stating the underlying couse has been WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES E NO 🔀 ficote PHYSICIAN: 5 200 ACC DENT WAS UNDERLYING -20b OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item B) OR CONTRIBUTING LAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C ty or town) (County) (Stote) Hour om. foctory, street, office bldg . etc.) OR ATTENDING of work TO FUNERAL DIRECTOR: After 1955, to Dec 17 , 196 7, that (I) (we) las 21. Lertify that (1) (this hospital) attended the deceased from Jan 6 1967, and that death accurred at 3:34PM, from causes and an the date stated obove saw the deceased alive an Dec 10 22% SIGNATURE 22h. DATE SIGNED MEO DIRECTOR 22c PHYSICIAN NAME (Tyc ADDRESS O HOSPITAL director, 230 BUR, AL, CREMATION. 23b. DATE JHEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 24_FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATEDEC 1967





X	1		ATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	•	CED!	TEICATE OF DEATH
	and 2	I, NAME OF DECEASED MARGARET S. CLARK	December 19, 1967.
		HARGARET S. CLARK 3. PLACE OF DEATH IN BALTIMORE MANHAND BALTIMORE CONTY FULL NAME OF Whospirity of Institution of the Augustian Conty	4. USUAL RESIDENCE (Where deceased ived. If institution: residence before admission) A. STATE B. COUNTY
	by the Pages	FULL NAME OF (II not in haspital or institution, give street address or locotion)	Md. BALTIHORE
8	Zehours n by		C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 21206
	918 04	4417 Glenmore Avenue	D. STREET ADDRESS (If rural, give location)
	1 10	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married)	
	completi	Married	July 13, 1894. lost birthdoy) 73 Month's Doy's Hours Min.
	and com	done during most of working life, even if retired)	
	icate be	Housewife	Maryland USA
	# £ 63	John N. Suwalski	Margaret Kraning
	th ce	15. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown! (If yes, give wor or dates of service) \$\frac{16. SOCIAL}{SECURITY NO.}	17. INFORMANT ADDRESS
	he death cer attending p permit. The	NO	Mr. Augustus W. Clark (Same)
	that the an. by the attransit per	DISEASE OR CONDITION DIRECTLY	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	s the	LEADING TO DEATH	pertensine - V disease 15 yrs
	equires that the physician. signed by the burial-transit purial crematical.	(This does not mean the mode of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or complication which caused death.)	with renal failure
	e law re tending is been as the	ANTECEDENT CAUSES	ulmonary felicosis 20 yrs
	The law re attending has been se as the	use to the above couse (A) stoting the	mother soon a
	NE. The lor att	UNDERLYING CONDITION Iosi.	
	G PHYSICIAN: The law re the hospital or attending r this certificate has been deforhed for use as the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	G PHYSICI the hospital r this certifi detached	DISEASE OR CONDITION CAUSING IT.	it Colitis = malnutrition
	the feet	that (1) (and lost saw the deceased alive an	1 1967 and that in (my) (opinion death accurred on the date
2	ATTEN etained etained CTOR:	ond haur and from the causes stated above. (1) (Warner) (did n	at) view the body ofter death.
	R : 是 cc]	H.V. Handad M.D.	Allending Med. Stoff Phys. Director Phys
	ITAL O nay be tAL DII	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	TO HOSPITAL Page 4 may TO FUNERAL director, pag	240 879141 698	10 47 06 Harfor Man Baltimore
	Page O FUN	REMOVAL (Specify)	(State)
i	VR A15 (4/2 25M 1/6	Burial 12/23/67. Moreland Memor	25C BUNGBAL CHARACTER
)	V	DEO & & 1901 Advances August	Leonard J. Ruck The Deady Was considered





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5468 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission o. STATE MARY LAND Baltimore a. COUNTY MARYLAND rtment b CITY OR TOWN (f outside carparote limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Sparrow's Point Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? pencil in Item 18. Give Pages 1, Office along with farm 1406 N. Fulton Ave. PLANT DISPENSARY land 2 with the State NO [24 hours after death 3. NAME OF First Middle 4. DATE Jast Manth Day Year DECEASED (Type or pnnt) December 19 67 27 THOMAS CLARK S. SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED ast birthday) Manths Days Haurs 8-15-10 Negroid Ma1 haurs after death WIDOWED D VORCED 10a USUA, OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY Steel 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Labor ward "pending" in pencil in the Chief Medical Examiner's Danville, Virginia
14 MOTHER'S MANDEN NAME 13. FATHER'S NAME This certificate shauld be executed within UNK. in any event within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. **228-16-6793** 17 INFORMANI Address (Yes, na. or unknown) (If yes give war ar dates of service) Mrs. Lillie Mae Clark 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART DEATH WAS CAUSED 8Y-INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) writing the ward DUE TO Conditions, if any, which gave rise to immediate cause (a), farwarded to DUE TO 0 stoling the underlying cause and I 19 WAS AUTOPS cremation, ar removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? the certificate, NO L 20g EXTERNAL (ALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of murry in Part I or Part II) of Item 18) shauld PRIMARY ☐ or CONTRIBUTING ☐ TAL EXAMINER: CAUSE OF DEATH. 20c. TME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page at work at work please execute 21 I certify that I taak charge of the remains described above held an Autopsy Inspect on F4: Inquiry and in my apinian Natural causes , Accident death resulted from. Undetermined manner Suicide Hamicide |) funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior DEPLTY MEDICAL EXAMINER HURSON Address (Street, city, town, ar county) may NAME (Type) The P 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) 2 1-2-67 Balto. Nat'l Cem. Baltimore. 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25m REC'D BY REGISTRAR VR A15ME 196/ MORTON & DYETT F.H. 1701 Laurens St 6M 1/67

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1647%	CERTIFICATE OF DEATH	N STREET, BALTIMORE 1, MARYL
1. PLACE OF DEATH a. COUNTY BAITIMON C b. CITY OR TOWN (if outside corporate limit	MARYLAND a.SIATE	SE (Where deceased hyed, If Institutions Residence b b. COUNTY
write RURAL and give nearest town) RANDALLSTOWN d. NAME OF HOSPITAL OR INSTITUTION (i	BALTIMOR	outside corporate limits, write RURAL and give near
3. NAME OF DECEASED ACTION , SO/	General Hospital 8023B Was	Deate SXXCOURT, APT B V A. DOATE Month Day DEATH , December 26
5. SEX 6 COLOR OR RACE Male White 10a. LSUAL OCCUPATION (Give kind of work	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 4-9-1905 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Count	9. AGE (In years IF UNDER 1 YEAR IF Isabethday) Months Days H
done during most of working life, even if retire PROPRIETOR 13. FATHER'S NAME	RESTAURANT RUSSIA	y & State, or foreign country) 12. CITIZEN OF W
MAX COHEN 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (Ifygsegivewarardatesofs	BESSIE RCEST 16. SOCIAL SECURITY NO 17. INFORMANT	?Address
TB. CRUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE DEATH (Enter only one PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stetling the underlying cause last.	Gerebrovascular	Multiple Britery ONSER
PART II OTHER SIGNIFICANT CONDIT	20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in P	YES
20c. TIME OF INJURY Month, Day, Yes Hour a.m.	ar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While at work at work at work at work at work at work at work.)	, 20f. (City or town) (County)
21. I certify that (I) (this hospit saw the deceased alive on	7 - 2/e 19 (), and that death occured at 4.	rom the causes and on the date STAFF RECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	RTV ROAD
MAHE (Tunn)	ORTON J. ELLIN 8629 LIBE REOF 23c. NAME OF CEMETERY OR CREMATORY T LUBOWITZ AGUDAS ACHIN	RTY ROAD 238. LOCATION ICity, Jown or county) BALTIMORE, MARYLAND D BY REGISTRAR 256. REGISTRAR'S SIGNATUR



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N CERTIFICATE OF DEATH	13470
	PLACE OF DEATH 5. COUNTY A 2 Winters Avenue 6. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 2. USUAL RESIDENCE (Where decessed lived, if Institution e. STATE b., COUNTY MARYLAND 6. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)	
3.	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) 42 Winters Avenue NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) 42 Winters Avenue Last OF Month	e. IS REI
5. F	(Type or print) Nabel M. Coleman Death Dec. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH emale WIDOWED DIVORCED DEC. 17 1890 77 yes. USUAL OCCUPATION (G. kind of work led during most of working life, even if refired) IDB KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12.	
13.	Housewife None Catonsville Maryland I Tather's NAME Timothy I. Ebb Martha Dorsey	I.S.A.
(1.0	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conge: tive Heart Failure	Avenue Interval Bettonset And D
	Conditions, if eny, which geve rise to immediate cause (e), steining the underlying cause lest. (b) ASCVD DUE TO (c)	20 yrs.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES Y
MEDICAL	Hour s.m., p.m. 19 While Not While st work tectory, street, office bidg., etc.) street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from December 10, 19.07 to December 29	9, that (I) (
	220. SIGNATURE E. Rome M.D. ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	12/29/
_	NAME (TYPE) James E. Rowe Burial CREMATION 23b Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or congress of the constitution of t	aryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16473 CERTIFICATE OF DEATH 16471 death. by the runner Pages 1 and 2 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o, STATE b. COUNTY 12 11 Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2.6475 Baltimore 21234 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ST. JOSEPH HOSPITAL 1734 Red Oak Rd., YES NO NAME OF Middle 4. DATE 1051 Month Year ottending physician and completely sermit. Then please remove corban Day DECEASED Halbert J. COLVIN 22. 19 (Type or print) December 67 ond in ony event, DEATH 7. MARRIED DE IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Hours March 15, 1908 White Male WIDOWED DIVORCED 59 yrs 10o USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Maryland 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME cremation, or removol. Samuel Colvin Laura Phillips IS. WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 215-09-2013 No Catherine C. Colvin. 1734 Red Oak Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN tronsit ONSET AND DEATH Cerebral hemorrhage signed by t burial trans IMMEDIATE CAUSE (o) by the hospital or attending physicion. hypertension DUE TO Conditions, if ony, which gove Terminal broncho-pneumonia. rise to immediate couse (a), **DUF TO** stoting the underlying couse State Dept. of Health prior to has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? -gd-NO DO certificate 20p ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour to.m. foctory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the at work of work 21. I certify that (4) (this haspital) attended the deceased fram__ 12/20/ 19, 67, to 12/22/ 1967, that (we) last director, page 3 should should be filed with the saw the deceased alive on 12/22/ 19 67, and that death accurred at 4 P.M. from couses and on the date stated above. TO FUNERAL DIRECTOR: 220 SIGNATURE 226. DATE S GNED MED DIRECTOR **ATTENDING** 12/22/67 PHYS 22c. PHYSIC AND 22d ADDRESS NAME (Type) Gualberto C. Gokim. Jr. 7620 York Rd., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE THEREOF 23d LOEATION (City or Town) (County) (Stote) REMOVAL (Specify) 12-26-1967 New Cathedral, Baltimore, Md. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR VR A15 (4) **DEC 28** Wm. Cook-Brooks Towson, Towson, Md. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 16481 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16473 The law requires that the death certificate be executed within 24 hours after death. funeral i ond of periode of the PLACE OF DEATH 2. USUAL RESIDENCE (Where dereased lived, if institution Residence before admission) a. COUNTY b. COUNTY A Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) hours CCD KREI d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? and be Mount Wilson State Hospital NO X 3 NAME OF 4. OATE Last Month Year completer DECEASEO OF 10 DEATH 5 SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF LINDER 24 HRS 7 MARRIEO NEVER MARRIED last birthday) Months Oays Hours ond in ony WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during mast of working life, even if retired) COUNTRY ? BACCO + armer 14_ MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, prynknown) (If yes give war or dates of service Wilson State Hospital Records. Mt. buriol, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse be retoined by the hospital or ottending has been prior to lost. 50 WAS AUTOPSY PERFORMEO? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the State Dept. of Health NO certificote 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OR URRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OFATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hauria.m. Not While factory, street, office bldg., etc.) of work 1907 2). I certify that (I) (this haspital) attended the deceased from 1967, that (I) (we) lost saw the deceased olive on. and that death accurred of 3:20M, from couses and on the date stated above. 22a SIGNATURE 22b OATE SIGNED M.D DIRECTOR PHYS. director, page should be filed 22d AODRESS O FUNERAL Newcomer, M.D. Superintendent Mount Wilson, Maryland (County) (State) 2Sb



1	DIVISION	MAR N OF STATISTICAL RESE	YLAND STATE DEL			IMODE 4 MA	IDVI AND
e and	1648	TO STATISTICAL RESE	CERTIFICATI				674
hours after death d in by the Tuneral rs Pages I and a Hours after death	1. PLACE DF DEATH a. COUNTY			a. STATE	CE (Where deceased lived		
after sy the	Baltim b. CITY DR TDWN write RURAL	ore (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	Md.	f outside corporate lim	Balto. Its, write RURAL ar	nd give nearest town)
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
n 24 hin 724	6739 Broo				okmont Dr.		ON A FARM? YES ND
f within npletary carbon ant, with	3. NAME DF DECEASED (Type or print)	First	Middle	Last	4. DATE DF DEATH DOOR	Month	Day Year
tuted v compl ove car y event	5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	RRET.T.T . DATE OF BIRTH	9. AGE (in last birt	years IFUNDER 1	YEAR IF UNDER 24 HRS.
e be executed w sician and compli- lease remove car and in any event,	Mahe 1Da. USUAL OCCUPATION during most of working	Cauc. WIDDWED ON (Give kind of work done 10b. Kind of work done 10b. King life, even if retired)	DIVORCED DIVORCED NOUSTRY			yrs.	IZEN OF WHAT
cate be ophysician in please and in		oreman Ra	ilroad	Italy 14. MOTHER'S MAI	DEN NAME		IL.S.A.
ertific ling p Then emova	Giáconio	Correlli		??	DEN BRINE		
eath certifica attending ph ermit. Then n, or removal	15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FDRCES? 16. (If yes give war or dates of service)		INFORMANT		Address	
lres that the death certifica physician. signed by the attending ph burial-transit permit. Then burial, cremation, or removal		EATH [Enter only one cause per l	line for (a), (b), and (c).1	r. Herman C	orrelli 673		INTERVAL BETWEEN ONSET AND DEATH
hysician. physician. signed by wrial-transii	*	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	locardeal &	a liberce	2 may		
The law requires that to a strength or attending physician, ate has been signed by use as the burial-transalth prior to burial, cre	Conditions, if e gave rise to cause (a), sta	Immediate (Treno pa	ierosis a	us destrol	Cy C	Our year
law re ttendii has be as th prior	underlying cause	iting the t	IIIING TO DEATH BUT NOT BELA	ED TO THE TERMINAL	DISEASE CONDITION ON	(EN IN DADT 1(a)	119. WAS AUTOPSY
The I or a icate or use lealth	FICAT						PERFORMED! YES NO P
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. this certificate has been signed by the attending physician and completely detached for use as the burlat-transit permit. Then please remove carbon about of Health prior to burlat, cremation, or removal, and in any event, with	DR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING 20b. IG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part i or Pa	rt II of Item 18.)	
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital FUNERAL DIRECTOR: After this certific director, page 3 should be detached for should be filed with the State Dept. of He	20c. TIME OF II Hour a.m	While	Not While factor	E OF INJURY (Hame, f y, street, office bldg., e	etc.)	,	(State)
TENDI Sained OR: A hould 1 the		that (I) (this hospital) attend			9 7, to Read		that (I) (we) last
AL OR ATTEND hay be retained. L DIRECTOR. page 3 should filed with the	22a. SIGNATUR		Z-)	ATTENDING -	MED STAFF	22b. DAT	E SIGNED
HOSPITAL age 4 may FUNERAL I rector, pa	22c. PHYSICIAN NAME (Typ	SE Proc	torm D	22d. ADDRESS	madiso.	NST 2	1201
TO HOSPITA Page 4 m2 TO FUNERAL director, p	23a. BURIAL, CREMA REMOVAL (Spec	ATION, 23b. DATE THEREOF 12/11/67	23c. NAME OF CEMETERY		23d. LOCATION (C		
OK	24. FUNERAL DIREC		Most Holy R		C'D BY REGISTRAR 25	City, Md	SIGNATURE
VR A15 (4)	Wm. Cook	-Brooks, Inc. 121	7 St. Paul St.	DATE 1	FC 1 1 1967	Cleans	a Judge



		1 PINISION OF STATISTICAL RESEARCH AND RECORDS,	, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
25		CERTIFICATE	E OF DEATH	18475
1	1.	PLACE OF DEATH a. COUNTY 'altimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE .aryland b. COUNTY	on: Residence before admission
4		b. CITY DR TDWN (if outside corporate limits, write RURAL end give nearest town) Bradshaw 53 years	c. CITY OR TOWN (If outside corporate limits, write R Bradshaw	URAL and give nearest town;
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Reynolds Road	B. IS RESIDENCE ON A FARM?
	3.	NAME OF DECEASED (Type or print) C2th evine G121.5 Cr	Lost 4. DATE Month CS well DEATH DEC	Day Year
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. ACE (In years IF U!	NOER 1 YEAR IF UNDER 24 HRS ths Days Hours Min.
	10: du	B. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR Ing most of working life, even if retired)	June 5, 1903 54 yrs. 11. BIRTHPLACE (County & State, er foreign country) 1	2. CITIZEN DF WHAT COUNTRY?
		Supr. Gas Mask Prod. V.S. Govt- Ret.	Jonna, Tarvland	USA
	15	John Burke . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	Addie Gordon INFORMANT Address	Ma
	=		pert 3. Creswell, Reynolds R	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al Inforction	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	vierosis Hypertens	
)	TION	underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTDPSY PERFORMED?
*	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCUP DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of ite	YES ND T
	MEDICAL C	20c. TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAC factor	CE OF INJURY (Home, farm, 20f. (City or town) y, street, office bldg., etc.)	(County) (State)
	Z	21. I certify that (I) (this hospital) attended the deceased from		196 7, that (I) (we) las
		22a. SIGNATURE	ATTENDING — MED. — STAFF — 221	on the date stated above b. DATE SIGNED 2 2 12 17 7
ļ		22c. PHYSICIAN'S NAME (Type) William A Tycon	PHYS. DIRECTOR PHYS. 22d. ADDRESS MINGS V. 1/2	1d.
1	234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 023d. LOCATION (City, town of	
X	24	. FUNERAL DIRECTOR ADDRESS	al Cemetery Gel Air	Harford d
1	_	Howard K. reConas % Son, Abingdon, .9. 2	21009 DATE DEC 2 9 1967	

DAVI A DIE A ---



				MARYLAN	D STATE DEPARIM	ENT OF HEAL	.TH		
		16483	DIVISION O	OF VITAL RECORDS,	301 W. PRESTON STR	REET, BALTIMOF	RE, MARYLAND 21:	201	
					ERTIFICATE OF	DEATH		16.47	6
E _ C =			irst .	Middle	last ,	20	DATE OF DEATH		2b HOUR
r duat	L	ype or print) Tos	eph	G.	DANIE			28 1967	7:00 A.M
officer of the fur	3. SI		4. RACE	White	S DATE OF BI		6. AGE (In yes	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7a.	BIRTHPLACE (State or fare gn	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MAR		UNTY OF DEATH	Trial	
Paris Established	cour	" N. C.	U, 5		WIDOWED DIVOR	CED 🗆 🛴	BAltimore		Md
within 2 ely filleg ban pal within	R	and all stow	N 91	ve street address) Shel	attrution (if not in haspital	during most of	UPATION (Kind of work working life, even if re	ired.) INDUSTRY	USINESS OR
cecuted withi campletely fi nave carban ny event, with	13a adm	JSUAL RESIDENCE (Where de issian) STATE Md.	eased lived, if insti 135 COUNTY	BALTINCRE	RANCIALISTOWN	13d INSIDE CITY LIM TS? YES NO S	13e STREET AND NUM 33 Sheri	BER	
and and and in any	14,	ATHER'S NAME FIRST	Middle	DANIE.	15 MOTHERS MA	AIDEN NAME First		ddie	lost
O HOSPITAL OR ATTENDING PHYSICIAE: The law requires that the death certificate be executed within 24 hours after d≡ath Page 4 may be retained by the haspital or aftending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban palers: Tagss 1 and shauld be filled with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, within 70 haurs offer death		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY I		Adys D		lress	Md.
cert ng ph Then mov		18 CAUSE OF DEATH (Ente	anty one cause per			1	,		ATE INTERVA.
he death cei s attending p permit. The		PART I. DEATH WAS CA	USED BY: Ediate cause (0)	irona	2241/12	1776-	reli-o	30.	mu
he c peri tian,		Conditions, if any, which go		IR AS A CONTEQUENCE OF	7			, **	>
hat 1 y th unsit		rise ta immediate cause (),((b)	R AS A CONSEQUENCE OF	scero	وره			
equires that the physician. signed by the burial, cremati		stating the underlying cau last.	(c)_	N AN CONSEQUENCE OF					
The law requires th attending physician has been signed by se as the burial-traith priar ta burial, cre		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
The law ratending has been se as the hpriar ta	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR	WHICH OPERATION WAS PE	REFORMED 200 AUTO	PSY?	20b. IF YES, WERE FINI	DINGS CONSIDERED IN CEI	RTIFYING
The attraction of the page of	RTIFIC				YES 🗀	ио 🔀			
YSICIAE: "aspital ar certificate thed for use of Heals	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING Cause Of (If either, natify medical ex	DEATH HOUR A.F	M. 19			re of injury in Part 1 ar	Port 2, Item 18)	
PHYSICIAI he haspital fhis certifica letached fa	W	21d. INJURY OCCURRED While Not white at work	le PLACE OF INJUR	Y (AT HOME FARM STREET, FAC OFFICE BUILDING, ETC.	TORY.) 211 LOCATION Stree	tar R.F.D. No	City or Town	County	State
DING by t Affer be d Sfate		22o, I certify that (I) sow the decease	(this hospital) of	ttended the decease	ed from Nov		to Dec. 28,	_, 19 <u>6-7</u> , that i the dote and hour o	(I) (we) lost
TTEN DOR: OR: h the		couses stoted ob	ove, (I) (we) (di	d) (did not) view the	body after death.	77 (doi) opinion	dodni occorrou on		101111111
	4	226-SIGNATURE	THaz	tine 1	DEGREE ATTENDIN	IG MED DIRECTO	OR STAFF	22c. DATE SIGNED 12-28-6	7
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State		22d. PHYSICIAN'S NAME (Type)	F.M	ARLIN	M.D. 72 ADD	ress	Com	1 -77	20/
HOS Funi Funi	23a.		b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City or Tow	n) (County)	(State)
5 5 5 2 W	1/2	REMOVAL (Specify) FUNERAL DIRECTOR	2-31-6	ADDRESS	eds Chapel	2Sa. REC'D BY REG	KANGA //Sto	WW.	14.
30M REV - 68	(2)	Law W H	rialt s	Sykeouri le	· Md	DATE JA	3 10 45	Mintes you	ye



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 23c Film G397 2/7/88 kk CERTIFICATE OF DEATH	
,].	16484 CERTIFICATE OF DEATH	
XX	Place of DEATH o. (OUNTY Baltimore 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before or or STATE 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before or or STATE b. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY c. STATE b. COUNTY c. STATE b. COUNTY c. STATE c.	dmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town) Catons ville C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Baltimore	wn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS	S RESIDENCE ON A FARM?
	SPRING GROVE STATE HOSPITAL 2827 East Chase Street YES	
	NAME OF First Middle lost 4 DATE Month Day OF DECEASED (Type or print) Walter Danker December 26	Year 19 67
	male white WIDOWED DIVORCED Feb. 14, 1914 lost birthdoy) Months Days F	UNDER 24 HRS Hours Min.
(1Db. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY INDUSTRY	HAT
	13. FATHER'S NAME	
L	Frederick Danker Hattie Amelia Grubbs	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Records: SPRING GROVE STATE HOSPITA	AL
		AL BETWEEN AND DEATH
1100	PART II OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION SIVEN IN PART 1(a) 19 WAR	AS AUTOPSY REORMED? NO
2 2 2 2	PEF YES 20b ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.)	
	2Dc. TIME OF th/JURY Month, Doy, Year Hour's m. p.m. 19 While of work of work to two two two two two two two two two	(Stote)
	21. I certify that (this haspital) attended the deceased fram Oct. 29, 1932, to 12/26, 1967, that saw the deceased alive an 12/26 1967, and that death accurred at 105AM, fram causes and an the date s	(** (we) la tated abav
	220 SIGNATURE M.D ATTENDING MED. STAFF 22b DATE SIGNED 22c PHYSICAN S NAME (Type) Co boy + Fisher M.D ATTENDING MED. DIRECTOR PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS	STAL
=	230 BURIA., CREMATION, REMOVAL (Specify) 230 DATE THEREOF 231 NAME OF CEMETERY OR CREMATORY Anatomy Board of Md. 23d LOCATION (C ty or Town) (County)	(Stote)
-	24 FUNERAL DIRECTOR ADDRESS 250 RECHDABLE REGISTRAR 19 686 REGISTRAR SIGNATURES	and got



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1648" CERTIFICATE OF DEATH 16478 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY JALTIMORE. MARYLAND b CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) TIMORE OWSON popers. HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Apt.104 filled NO 🔽 NAME OF DATE ottending physicion and completely permit. Then please remove carbon DECEASED OF DEATH ond in any event, (Type or pont) DAULS December S SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthdov) Months Dovs Hours WIDOWED DIVORCED 6-06-86 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** ARCHIBALD

14 MOTHER'S MAIDEN NAME WORK. IN GOOL MINDS 13 FATHER'S NAME or removal, UNKYOWN IS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 057-34-2619 M. FABISZAK LNKWOWN INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per transfer (o), (b) and (c))
PART I DEATH WAS CAUSED BY signed by the ONSET AND DEATH Knolio- Negto IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspital or attending physician. 160 X DUE TO Conditions, if any, which gove rise to Immediate cause (a), DUE TO stoting the underlying couse this certificate has been los† PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND LON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached is should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (Stote) Hour am factory, street, office bldg., etc.) 21. I certify that ((this haspital)-attended the deceased from 1200. 23 19 67, to Dec. 12, 1912, that N (we) last · 19 67, and that death accurred at 3 . HOM, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an___ Dec 112 22b. DATE SIGNED 220. SIGNATURE ATTENDING MD DIRECTOR PHYS 22c PHYSICIAN S 22d. ADDRESS NAME (Type) 23b. DATE THEREO OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) **BURIAL, CREMATION** (County). (Stote) REMOVAL (Specify) HILL CEMETERY 12-15-67 PECKY, LIE LACKAWANA Co. Y REGISTRAR | 25b REGISTRAR'S SIGNATURE OFIAL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 m. Cook-BROOKS INC DATE





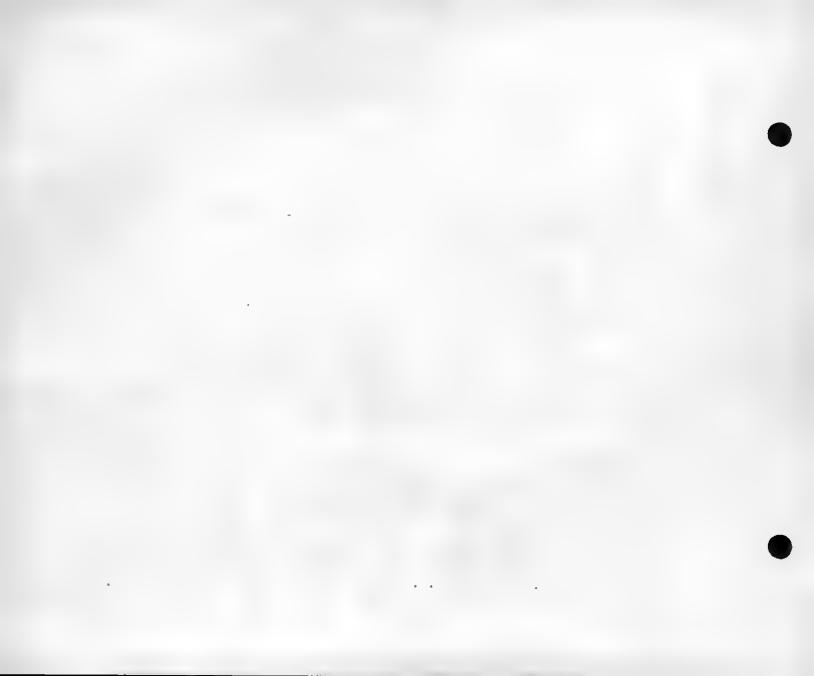
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1648. CERTIFICATE OF DEATH 16480 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE BALTIMORE BALTIMORE MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, 14 DAYS BALTIMORE - 21222 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE SMITHFIELD ON A FARM? VETERANS ADMINISTRATION HOSPITAL 209 MAIN STREET YES NO X requires that the death certificate be executed within NAME OF First Last DATE Month Year DECEASED (Type or print) GEORGE DECEMBER N. DELK 19 and in any event, DEATH 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER I YEAR last birthdoy) Months Hours 9/7/99 NEGRO WIDOWED DIVORCED MALE 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ST please during most of working life, even if retired) INDUSTRY COUNTRY? CONSTRUCTION ISLE OF WRIGHT COUNTY. VIRGINIA LABORER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, RUBEN DELK IDA CORNER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 216 10 17 27 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN HOME signed by the burial-transit PART I. DEATH WAS CAUSED BY RECENT DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUE TO FUNERAL Conditions, if ony, which gove CEREBRAL VASCULAR ACCIDENT, CLINICAL RECENT rise to immediate couse (a). **DUE TO** stating the underlying couse as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) HERRING YES X ARTERIOSCIEROTIC HEART DISEASE. ADENOCARCINOMA RIGHT KIDNEY NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Store) 20c. TIME OF INJURY Month, Day, Year Hour om factory, street, affice bldg, etc.) at work 3 to 12/3/67 21. I certify that (K (this haspital) attended the deceased from 11/24/67 19 19___, that (we) last _, and that death accurred at 2:10 Mram causes and an the date stated above. saw the deceased alive an_____ 12/0/67 DIRECTOR: 22b DATE SIGNED 22o. SIGNATURE 12/8/67 M.D. DIRECTOR PHYS director, page should be filed 22c./PHYSICIAN'S 22d ADDRESS TO FUNERAL JOHN D. TALBERT, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND SHIPPED 230 BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL 12-12-67 Va. Mt. Sinai Bapt. Ch. dem. Smithfield **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 FUNERAL, HOUTC 1701 LAURENS ST. BALTIMORE, MD.



√ 1	1	1648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
<i>†</i>	L		6481
Georgia de la		DECEASED-NAME (Type or print) Print Middle Dell Dec. 31, 1967	Year 25 HOUR M
oges softer	3 \$	a state of out in the state of	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
2 hours		8IRTHPLACE (Stote or foreign of CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALL I MORE	Md.
within Sely fille	10. Ri	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of warking life, even if retired.) ANCIA / SELECTION (Kind of wark done during mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY, 5. A
ompleto	13o. adm	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c PTY OR TOWN 32d MS/DE CTY LOWISS 13e STREET AND NUMBER nissian) STATE M	and . 1
be exemple and control of the period of the	14.	FATHER'S NAME FIRST Middle Lost 15. MOTHER'S MA, DEN NAME FIRST Middle (U) 1/14M A. Crocks E/12nbeth - C	lange ++
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 2 hours after. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the circumpage 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages about be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the	160	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. grunknawn) (If yes give wor of dates of service) Address MR. J. HARMAN Crooks - RANDAL	Stown, Md
ath cer nding p it. The		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the Te he otte it perm ation, c		DUE TO, OR AS A CONVECUENCE OF Conditions, If any, which gave	
es that sicion. ed by t al-trons		rise to immediate cause (a). Stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
r requir ng phy en sign ne burid to burid		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law ottendia has bec se os the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
Poge 4 moy be retained by the hospital or ottending physicion. 7 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-trony bound be filed with the Stote Dept. of Heolth prior to burial, creating the store Dept. of Heolth prior to burial, creating the store Dept.	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, nat-fy medical examiner) 21b TIME OF INJURY HOUR A.M. Manth Doy Year P.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 19	. 18.)
PHYSI he hosp this cer letached	ME		aunty State
NDING ed by t :: After Id be d Ine Stote		22a certify that (i) (this haspital) attended the deceased fram, 19/7/2, ta, 19/7/2, saw the deceased glive on, 19/7/2, and that in (my) (gur) apprign death accurred age the date of	, that (I) (we) last and hour and fram the
R ATTE r retain RECTOR 3 shou		causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. Signature The death of the de	SIGNED
TAL 0 moy be RAL DII		22d. PHYSICIAN S NAME (Type)	m /
O HOSP Poge 4 O FUNE	230	YVV YV	County) (Stote)
VIII A45 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR HAWAL SURESS MC. 250. REGISTRAR 250. REGISTRAR \$ SIGNAR SIGNA	NATURE TO COMMENT
	-/	Thursday	



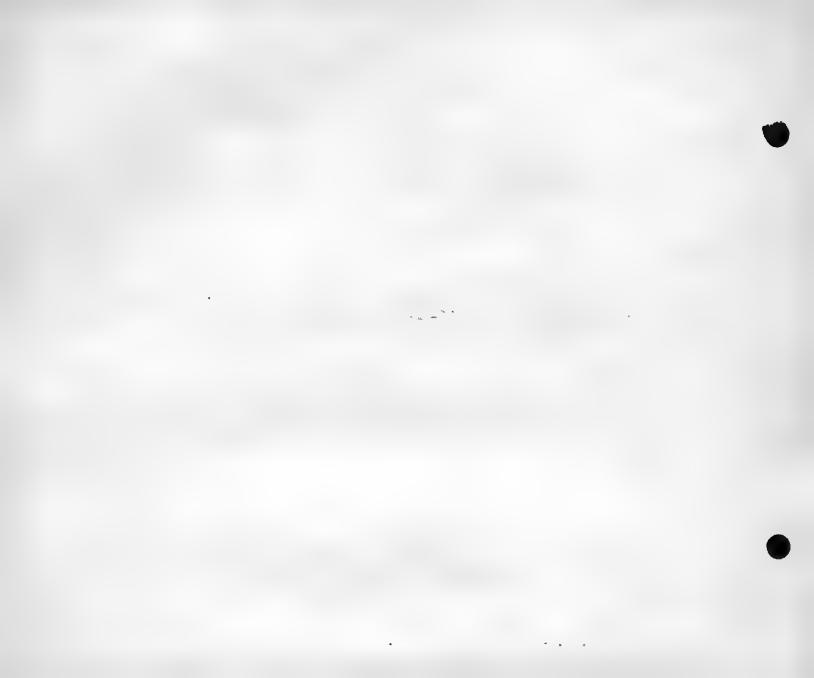
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16487 CERTIFICATE OF DEATH 5489 The low requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) COUNTY o. STATE **b** COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 601 E. JOPPA Rd. ST. JOSEPH HOSPITAL NO P 3 NAME OF Middle 4 DATE Month Doy Year DECEASED (Type or print) DEVASHER 19, 19 67 December and in any event, Alice DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months March 31. Female White WIDOWED 10o. USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY **COUNTRY?** Kansas CITY, MISSOURI Homemaker 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, crematian, or remayol, ATheRINE O'BRIEN WILLIAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war at dates of service) WM. A. De Vasher 14 W. Cold SPRING 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I, DEATH WAS CAUSED BY signed by the c burial-tronsit p ONSET AND DEATH MMEDIATE (AUSE (a) Broncho-pneumonia of both lungs by the hospital or attending physicion. DUE TO Acute Peritonitis, rubture of diverticulum of Conditions, if ony, which gove . the colon nse to immediate couse (a). DUE-TO stating the underlying couse the lost. S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TE NO [200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) Hour o.m. factory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (X (this haspital) attended the deceased from 12/18/ , 19 67 to 12/19/ , 19 67 that (A) (we) last saw the deceased give on 12/19/ 19 67, and that death accurred at 2:15PM, from causes and on the date stated above. Page 4 moy be retained director, page 3 should should be filed with the saw the deceased alive on 12/19/ 22b. DATE SIGNED 220 SIGNATURE ATTENDING 12/19/67 DIRECTOR M.D 22c PHYSICIAN'S NAME (Type) M.D. 7620 York Rd., Towson, Md. 21204 Cilliani 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) GREEN MOUNT CREMATORY BALTO, Md. CREMITION 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	OLKINIOATE OF DEATH	10493
1	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY a. STATE b. COUNTY	Residence before admiss
	b. CTIY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RUR)	AL end give nearest to
	Baltimore	03-
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6702 Linden Avenue 6702 Linden Avenue	e. IS RESIDEN ON A FARM YES NO
3	3. NAME DF DECEASED (Type or print) Florence & Dieter DF DEATH Dec. 30	Dey Year 19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years IFUNDI Months 1 1 1 1 1 1 1 1 1	
1) di	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12.	CITIZEN OF WHAT
		U.S.A.
1	13. FATHER'S NAME	
١.	Sohn Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
d	(Yes, no, or unknown) \((If yes give war or dates of service) \	2/200
H	John Vieter - 6702 Linden Ave [18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEE
L	PART I. DEATH WAS CAUSED BY: Mente mysewdial influetion	ONSET AND DEAT
L	DUE TO TO	
	[Conditions, If any, which] (b) Williamselender carlie vascula	· tyra
	gave rise to Immediate cause (a), stating the underlying cause last. DUE TO disease	
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	a) 19. WAS AUTOP PERFORMED
FICA		YES NO
CERTIFICATION		18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (C factory, street, office bldg., etc.) While Not While at work at work	ounty) (State
	21. I certify that (1) (this hospital) attended the deceased from 7 el 29, 1960, to Day 30, 19	67, that (I) (we)
	saw the deceased alive on	
ı	ATTENDING MED. STAFF	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Charles M. L. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. C. S. C. PHYSICIAN'S NAME (Type) Charles M. L. PHYS. C. S. C. PHYSICIAN'S NAME (Type) Charles M. L. PHYS. C. S. C. PHYSICIAN'S NAME (Type) Charles M. L. PHYS. C. S. C. PHYSICIAN'S NAME (Type) Charles M. L. PHYS. C. S. C. PHYSICIAN CO. S. C. PHYSIC	Ba 7 +061
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or c	county) (State)
	REMOVAL (Specify)	
2	24. FUNERAL DIRECTOR ADDRESS 252. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
~	John C. willer Inc-6415 Belair Rd21205 DANIAN 8 1968 JChan	cas judge
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1649: CERTIFICATE OF DEATH 16484 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b COUNTY MARYLAND b. CITY OR TOWN (if outside corporate semits. C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside confarate limits, write RURAL and give nearest tawn) write RURAL and give nearest tayon Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address A STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO D NAME OF Year DECEASED OF DEATH DIStefANO (Type or print) 5 SEX AGE tF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** (In years lost birthdoy) Months Dovs 10-19-20 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) STATION 13. FATHER'S NAME BALTIMORC 14. MOTHER'S MAIDEN NAME or remayal Mary 17 INFORMANT 16 SOCIAL SECURITY NO. Same (Yes, no, or unknown) (If yes give wor or dotes of service (JALIC NATURAL) 1SZAK crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO 72mtls Conditions, if ony, which gove (b) rise to immediate cause (a), stating the underlying cause DUF TO this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form (City or town) (Caunty) (State) Haur a.m. factory, street, office bldg., etc.) 11:47 p.m. Dec. at work 21. I certify that (this haspital) attended the deceased from Licentin 2, 1927 , to December 11, 1967, that (1) (we) last saw the deceased alive on Diccimbin 11 1967, and that death occurred at 11 47 M, from causes and on the date stated above. TO FUNERAL DIRECTOR: 22a SIGNATURE 22b DATE SIGNED STAFF PHYS director, page 3 shauld be filed v M.D. PHYS 22c PHYS CIAN'S 22d. ADDRESS NAME (Type) BALTIMORE MEd. CENTER 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Bultinore neton. Com. Bartimore RECID BY REGISTRAP 967 256. 24. FUNERAL DIRECTOR - 4101 Lam ndson ADDRESS VR A15 (4) 28M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CENTIFICATE OF DEATH 17838 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence baloge admission) a COUNTY a. STATE b. COUNTY **BALTIMORE** MARYLAND WICOMICO b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) FORT HOWARD 8 DAYS SALISBURY d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC filled i ON A FARMS VETERANS ADMINISTRATION HOSPITAL 515 PRISCILLA STREET NOOK nt, withi NAME OF First Middle 4 DATE Last Yeor campletely DECEASED ARTHUR THOMAS DIX DECEMBER (Type or print) DEATH 3 19 67 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED 3 remove last birthday) Haurs MALE WHITE and in any WIDOWED DIVORCED 12 6 67 Bud 1Da USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) .2. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? PARKSLEY, VIRGINIA

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME burial, crematian, ar remaval, JOHN W. DIX JEANETTE WESSELLS WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service 225 18 3216 CLIN. REC. HOWARD. VAH. FT. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) the signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove CARCINOMA OF THE PROSTATE UNKNOWN rise to immediate cause (a), DUE TO stating the underlying cause at the of Health prior to (c) WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) PERFORMED? NO ī 2Do ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc T ME OF INSURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) at wark L at wark 21 I certify that (1) (this haspital) attended the deceased fram. 19.67, to Dec. 3, 19.67 that OK (we) last Nov. 25 , page 3 shauld be filed with the 10pM, from causes and on the date stated above. 19 67 , and that death occurred at Dec. 3 saw the deceased alive on. 22a SIGNATURE 22b DATE SIGNED MED. DIRECTOR ATTENDING 12/3/67 22c PHYSICIAN'S 22d ADDRESS ISABEVITA VAH. FORT HOWARD, MARYLAND BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d, LOCATION (City or Yown) (County) (Stote) REMOVAL (Specific Parksley Cemetery PARKSLEY, VIRGINIA 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Parksley. Virginia Henry Johnson Funeral Home





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16494 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission o. COUNTY n STATE **6 COUNTY** Baltimore MARYLAND Maryland b CITY OR TOWN (if outside corporate Fruits, write RURA. ond ove necrest town)

Catonsville c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto, 23, Marvland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? oon pap Spring Grove State Hospital 18 North Mount Street NO NAME OF remove corbon Middle 4 DATE Lost Year DECEASED Helen (Type or print) J. Dorsev DEATH December. 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF HNDER 74 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthdoy) Months Hours and in any DIVORCED Negro WIDOWED Female Puo 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? None: TAMESTIC Maryland
14 MOTHER'S MAIDEN NAME 13 FATHERS NAME or removol. 14 1 15TINIK attending p ohnson WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 219-10-0900 Records: Spring Grove burial, cremotian, 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c), PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH (MMEDIATE CAUSE (6) Preum nia, Bronchial, Right Lower Loba DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a). **DUE TO** stating the underlying couse by the hospitol or attending the hos been last S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CHEEK IN PART ((0) 19 WAS AUTOPSY PERFORMED? Arteriosclertic Cardiovascular Ht. Dis with con, acstive YES K NO [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o ACCIDENT WAS HINDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg. etc.) of work ot work 1967 to Dec. 12 . 1967 that xt1 (we) last 21. I certify that (\$\footnote{1}\$ (this haspital) attended the deceased from Dec. Page 4 may be retoined saw the deceased alive an Dec. 12 167 , and that death accurred at 7:00M, fram causes and an the date stated above 22o SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS X Dec. 13, 1967 director, page s PHYS 22d ADDRESS 22c PHYSICIAM'S Spring Grove State Hospital NAME (Type) Anthony J. Young Baltimore 23d LOCATION (City of Town) OF CEMETERY OR CREMATORY ((ounly) REMOVALISABOLIN 2

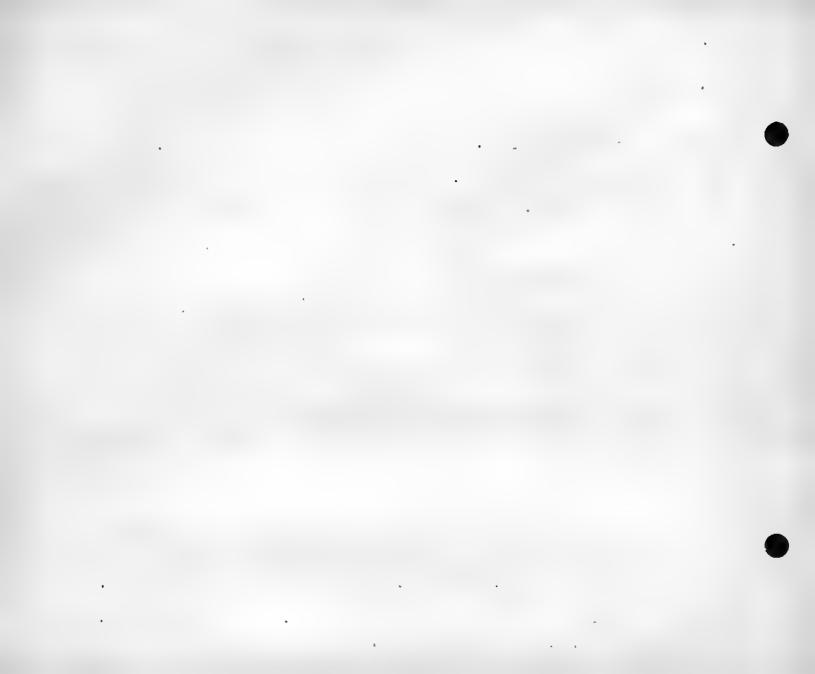


1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
ofter death. The funeral and 2 after death.	1,	PLACE OF DEATH a. COUNTY DALTIMORE (TOWSON) MARYLAND D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in Burs bours	_	write RURAL and give nearest town) 52hr /5min BALTIMORE (TOWSON)
2 III E III		GREATER BALTIMORE MEDICAL CENTER 2026 W FAYETTE STREET VES NO DE
1 withi npletel carbon ent, wii	3.	OF OF DEATH 12 24 1967
executed within 2 and completely fill remove carbon pain any event, within		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH NEGRO WIDOWED DIVORCED 12-22-67 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
icate be ex physician a m please ra vat, and in	10 du	a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY) NONE 11. B THPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? NONE NONE NONE 11. B THPLACE (County & State, or foreign country) VALTED STATES
h certificati tending phy nit. Then pl or removat,	13	James Grafton Dorsey, Jr.
e death certifice the attending ph it permit. Then nation, or remova	ii (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE INFANT BIRTH IN FORMATION
ifes that the deat physician. n signed by the at burial-transit pern burial, cremation,	-	18. CAUSE OF DEATH TEnter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shoult alsourations are a performance.
w requires that the death certificate be executed within ending physician. as been signed by the attending physician and completely as the burial-transit permit. Then please remove carbon vior to burial, cremation, or removal, and in any event, with		Cenditions, if any, which gave rise to immediate cause (a), (stating the DUE TO DUE TO Midgin + robulus - intestinal increases DUE TO DUE TO DUE TO Add to the contract of the contract
faw ttten has as	NOI	underlying cause last. (c) Kupture of Emphalocoll - Conglitude PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
F 3 - 6	CERTIFICATION	YES NO
PHYS the h this this detac	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While factory, street, office bldg., etc.) at work at
		21. I certify that (I) (this hospital) attended the deceased from 12/2 7, 19/2, that (I) (we) las saw the deceased alive on 12/2/19/2, and that death occurred at 335 M, from the causes and on the date stated above 22a. SIGNATURE
OR OB		22a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12/24/47 22c. PHYSIGIAN'S NAME (Type)
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR AI5 (4)	24	FUNERAL DIRECTOR ADDRESS 278 TO BY REGISTRAR 25h, REGISTRAR'S SCHATURE Biddle DATE DATE
1,000		Ü



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16496 CERTIFICATE OF DEATH 18488 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town)
CALCILOVALLE ALION c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Catousville Panor OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? 5901 . who, a ery st. 5001 Mont on ry st. YES NO F NAME OF DECEASED 4 DATE Last Manth Dov Year Maud T. Dec. 19 Drain (Type or print) DEATH SEX 6 COLOR OR RACE 9. AGE (In years LE UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Manths Cauc. June 7, 1877 WIDOWED TXX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. 8!RTHPLACE (County & State, or fareign country) COUNTRY? B. EO., Ind.

14. MOTHER'S MAIDEN NAME Lousewife LISE 13. FATHER'S NAME Harry Houck Mary McClymont 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Lela si oson (Yes, no, or unknawn) (If yes give war or dates at service) 5701 home o and st. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO remolermeni Cerebral Canditrons, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(g) WAS AUTOPS PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJJRY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) (County) (State) Hour om. factory, street, affice bldg., etc.) at work , 19 67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram___ saw the deceased alive on 12/18 19 62, and that death occurred at M, fram lauses and an the date stoted obove. 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. 22d ADDRESS 22c PHYSICIAN S NAME (Type) John P. Urlock, cr. 1227 manington Blvd. 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Buti cre, rid. Druid Rid e Cem. 25b. REGISTRAR'S SIGNATURE 1 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR witzke F. D. - 4101 Eamc.dson Ave.



DIVISION OF	MARYLAND STATISTICAL RESEARCH A	STATE DEPARTM	ENT OF HEALTH PRESTON STREET, BALTIN	ORE 1. MARYLAND
16497	CE	RTIFICATE OF I	EATH	18489
1. PLACE OF DEATH			RESIDENCE (Where decresed lived, If	
BALTIA		MARYLAND . STATE	MARYLANI) 6. COU	BALTIMORE
b. CITY OR TOWN (if out write RURAL and give	ide corporata limits, c. LENGTH nearest town)		R TOWN (If outside corporate limits, wri	e RURAL and give neerest lown)
d. NAME OF HOSPITAL	PRINSTITUTION (if not in hospital, give str	nel eddress) d. STREET	TONSVICE	O . Is residênc
1018 1441	KILLINATH +1	ROAD 101	8 MARKSWOI	THE YES NO
NAME OF DECEASED	First P	iddle Last	4. DATE Moni	h Day Year
(Type or print)	YICHHEL	DUFFY	DEATH DEC.	29 1967
SEX 6.	/ 1	MARRIED B. DATE OF BIRT	lest birthday)	Months Days Hours Min.
. USUAL OCCUPATION	Give kind of work 10b. KIND OF BUSH	NESS OR INDUSTRY 11. BIRTHPE		12. CITIZEN OF WHAT COUNTR
done during most of working	life, even if retired) BLO A.	R. 11	RELAND	USA
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	*
15 WAS DECEASED EVER IN	U.S. ARMED FORCES? 16, SOCIAL SEC		Addres	
(Yes, no, or unkown) (Ifyes	ivewarordatesofservica)	OKIIT NO. 17. INFORMANT	Addres	•
18. CAUSE OF DEAT	H [Enler only one cause per line for (a), (b), and (c).]	48.74 1-	INTERVAL BETWEEN
PART I. DEATH W.	S CAUSED BY: DIATE CAUSE (a) Cerebral	Thrombosis		onset and death 5 days
	DUE TO	erotic Cardio-va	andan Diana.	
Conditions, if any, w geverise to immediate of	(8)	stocic cardio-va	Scular Disoase	years
(a), stating the under	DUE TO			
PART II. OTHER SIG	HIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	PERFORMED?
S 20s ACCIDENT WAS U	NDERLYING 20% DESCRIBE HOW	IN 1997 OCCUPRED. (Enter not) m.	of injury in Part I or Part II of Item 18.)	YESNO [2
PARY II. OTHER SIG	AUSE OF DEATH	HOOK! Gedonate: (till) haisia	or milarly mereor for real in or new year	
20c. TIME OF INJURY Hour a.m.	Month, Day, Year 20d. INJURY OCC	6		(County) (State)
Hour a.m.	19 at work et wol			
	(i) (xhis:chasepital) attended the d			, 19
saw the deceased	live on Jan 2819	\$7, and that death occurr	ed at 4.3 My from the causes	and on the date stated above
220. SIGNATURE	M & Ma	ATTENDIN PHYS.	IG MED. STAFF DIRECTOR PHYS.	12/29/67
22c. PHYSICIAN'S NAME (TYPE)	4/1-1	22d, ADD		Ave
lLeg	J. Caver, M.D.		Baltimera, 14	
238. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 23c. NAM	F OF CEMETERY OR CREMATOR	23d. LOCATION City, N	own or county) (State)
24 FUMERAL DIRECTOR'S S	GNATURE PADD	RESS	25a. REC'D BY REGISTRAR 25b. RI	GISTRAR'S SIGNATURE
Harresttl	1		DATE JAN 3 1988	Charles Juage
-			***	· ·



)		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
(A)	1	6495	CERTIFICATE	OF DEATH	18490	
funeral and ter death	1 PLA:	CE OF DEATH OUNTED ALTIMORF	MARYLAND	2. USUAL RESIDENCE (Where decease o STATE mary la w	d lived, if institution Residence before admission) b COUNTY	
ours after by the fur pges 1	17	ITY OR TOWN (If autside carparate mints, mits RJRAL, and give nearest town)	2 days.		limits, write RURAL and give nearest town)	
in 24 haurs filled in by papers. P	B	AME OF HOSPITAL OR INSTITUTION (IF not in has ALTIMORE COUNTY	OTNERAL HOSP	d. STREET ADDRESS 116 W. Mar	e is residence on a farm? YES \(\sum \ NO \(\sum \)	
ate be executed within ician and completely filease remave carban gand in any event, with		EASED Oneita		Eckersley 4, DATE OF DEATH	Month Day Year 15 - 19 67	
and compression any ever	S SEX	211119 471	OWED DIVORCED	7-4-1888	AGE (in years last birthday) Months Days Hours Min	
ertificate be physician ar ien please r iaval, and in	during r	UAL OCCUPATION (Give kind of work done nost of working lite, even if retired)	OB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (County & State or fore	ign country) 12. CITIZEN OF WHAT COUNTRY? L. 5 73	
centific ng phys Then p	K	obert Sechri-	16 SOCIAL SECURITY NO. 17 IN	FINAL COMP	ler Address Woodstack-Md	
ne death cer attending p permit. The	(Yes, no	or unknown) (If yes give war ar dotes of service	213-01-7545-854	lia Cross-	Granite Muhite Ct.	
equires that the physician. signed by the c burial-transit pi burial, crematio	10	CAUSE OF DEATH (Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	MYOCARPI	AL INFAR	ONSET AND DEATH	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Proges 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 frour after death	nisi	nd trans, if any, which gave be to immediate cause (o), tring the underlying couse	APTERIOSC	CEROTIC F	SEASE SEASE	
the law ratending are that been use as the alth priar ta	NOTA	RT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	TING TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTÓPSY PERFORMED? YES NO	
Page 4 may be retained by the haspital ar to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. af Health		CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	05 DESCRIBE HOW INJURY OCCURRED. (E	. ,	(condition)	
NING PHYSICIA by the haspital fter this certific be detached fa State Dept. af H	MEDICAL (III	Hour a m. p.m. 19	While Nat While foctor	ry, street, affice bldg., etc.)	(City or town) (County) (Stote)	
ATTENDING stained by th CTOR: After t should be di	1	21. I certify that (I) (this haspital) of saw the deceased alive an Dec	attended the deceased from T 1967, and that	death accurred at X PM,	Dec. 19., 1967, that (1) (we) last fram causes and an the date stated above. Y 226 DATE SIGNED	
L OR ATTENI be retained DIRECTOR: A gge 3 shauld lifed with the		2c PHYSICIAN'S	M.D.	ATTENDING MED. PHYS. DIRECTOR {	STAFF Dec. 19, 1967	
O HOSPITAL Page 4 may O FUNERAL I director, pag	230 8	NAME (Type) (7 FA C. 17) URIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OF C	•	ATION (City or Town) (County) (State)	
=== [19]	R	MOVAL (Specify) DEC 23./	ADDRESS ADDRESS	2 2SO. REC'D BY REGISTRA	R 25b REGISTRÂR S SIGNATURE	
VR A15 (4) 20 M 1/66		Pugus Tunerel	Home 1/1	1. 1/ DEC 2 6 19	67 filerales Judge	

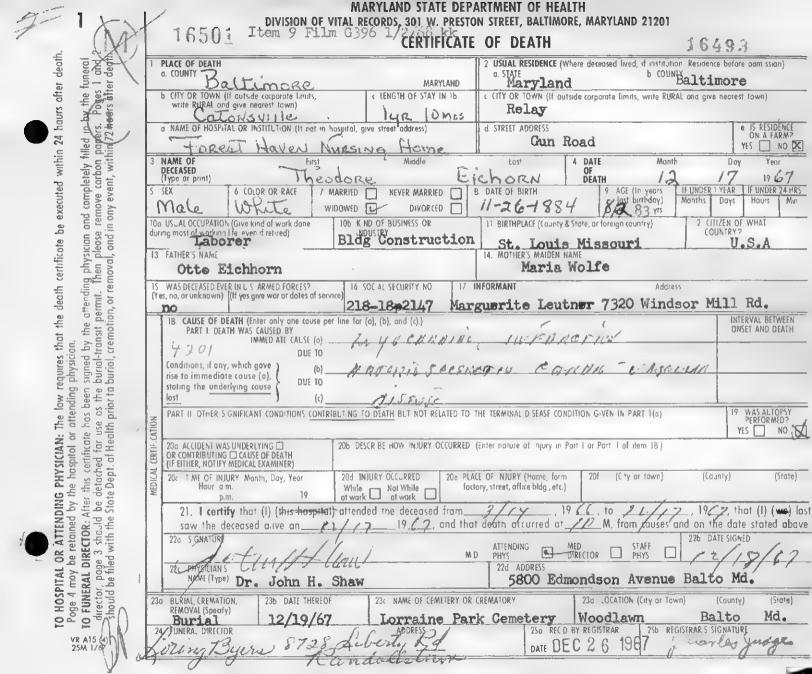


. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	1649 CERTIFICATE OF DEATH	1.
rs after death the funeral	1 PLACE OF DEATH 0. COUNTY BALTO MARYLAND 5 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). 6 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). 7 CLENGTH OF STAY IN 15 8 CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town). 8 CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town).	70
hin 24 hour filled in by papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2/3 5. TAYLOR 3. NAME OF First Middle Lost 4 DATE Month Do	e \$ RESIDENCE ON A FARM? YES NO 4
e executed within 24 and campletely filled remave carban pape n any event, within 71	DECEASED (Type or print) MILDRED C. EDELL OF DEATH DEC. 24 S SEX 6. COLOR OR RACE WIDOWED DIVORCED DEC. 21 1892 9 AGE (In younder year Months) Months Days	1967
ficate be ex ysician and please rem al, and in an	10c USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR II BIRTHPLACE (County & State, ar foreign country) 11 BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN C COUNTRY BALTO MO 13. FATHER S NAME 14 MOTHER S MAIDEN NAME	F WHAT
death certi Itending ph ermit. Then n, or remov	ANDREW STUCKRATH ELIZ, ROSE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 216-09-6178 ALBERT EDELL ABO	OVĒ
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the haspital ar attending physician. This certificate has been signed by the attending physician and completely filled in the funeatherached far use as the burial-transit permit. Then please remave carbon papers. Pages Arabid Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hock of the death.		TERVAL BETWEEN NSET AND DEATH WON HE
N: The law re ar attending the has been r use as the eafth priar to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19	WAS ALTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOL: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	200 ACCIDENT WAS UNDERLYING CONTRIBUTION OF DESCRIBE HOW WIJURY OCCURRED. (Enter notice of injury in Part II of Part II of item 18) 200 CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	(Stote)
OR ATTENDING De retained by the HRECTOE: After the 3 should be de	21. I certify that (I) (this haspital) attended the deceased from 400 12, 1904 to accurred at 12 M, from causes and an the day saw the deceased alive an accurred at 12 M, from causes and an the day 220 SIGNATURE.	hat (I) (we) last te stated above
PITAL OR I may be re RAL DIRECT, page 3 st be filed with	22c. PHYSICIANS Eugene C. Baumanh 22d ADDRESS Eastern Au. Bathmer	26-67
= = (\psi \lambda \lam	230. BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count REMOVAL (Specify) 12/28/67 DAK LAWN BALTO. MQ 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNAT	
VR A15 (4) 25M 1/67	J.G. CONNECLY SONS 300 MACE DAT DEC 28 1967 Valiantes	netel



10	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Marie .	(n. 8)		CERTIFICATE OF DEATH
	after death. The funeral ages I prid 2 s after death	1	PLACE OF DEATH a. COUNTY BALTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY BALTO MARYLAND
	of the Pages		b CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) Write RURAL and give necrest town) ATC (1) SULLE F
	A hau	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS PARAMORY ON A FARM? YES NO [
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within be retained by the haspital or attending physician. IRECTOR: After this certificate has been signed by the ottending physician and completely fill e. 3 should be detached for use as the bur ol-transit permit. Then please remove carbon ped with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within	3.	NAME OF PIECE FIRST Middle Last 4 DATE Month Day Year OF DEATH DEC 25 1967
	xecuted complemove complemove com		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 1/// 83 In years Manha Days Haurs Manha
	ite be e	di	a USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY INDUSTRY INDUSTRY) 12 CITIZEN OF WHAT COUNTRY? COUNTRY?
	certifica g physic hen ple navol, c	13	Alfred H. Milburn Emily J.
	deoth ttending grmit. 1 n, ar rer	15	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no., prunknawn) (Iff yes give war or dates af service) RAIPH M. Ehlers 17BRIAR Wood Rd
	not the y the o y sit pe		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH
	uires ti hysiciar gned b ur ol-tro		Canditions, if any, which gave tise to immediate couse (o),
	low required being personal pe		stating the underlying cause () (3) 14 perteuriou
	1: The or attente to hos use os	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES \(\sigma \) NO [
	YSICIAN ospital certifico hed for ht. of He	AEDICAL CERT FICATION	20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18)
	NG PHY y the h er this e detoc	MEDIC	p.m. 19 atwark 🗀 atwark 🗀
	TTENDI Jined by OR: Aft Tould by		21. I certify that (1) (this hospital) attended the deceased fram 1 - 6 - , 1967, to 12-25-, 1967, that (1) (we) la saw the deceased alive on 12-26-1967, and that death accurred at M, from causes and an the date stoted above
	OR A' be retr DIRECT ge 3 sh led with		220 SIGNATURE 220 SIGNATURE M.D. ATTENDING MED. STAFF 220 DATE SIGNED 12 - 26 - 67
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed withing 4 have after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the bur of-transit permit. Then please remove carbon pages. Pages I should be tiled with the State Dept. of Health prior to burial, cremation, ar remayol, and in any event, within 72 hours after the property of the prior to burial, cremation, ar remayol, and in any event, within 72 hours after the property of the prior to burial, cremation, ar remayol, and in any event, within 72 hours after the property of the prior to burial, cremation, ar remayol, and in any event, within 72 hours after the property of the prior to burial, cremation, ar remayol, and in any event, within 72 hours after the property of the prior to burial, cremation, are remayor.	20	NAME (Type) CESAR VALLE CAVE 120 8629 Liberty Rd.
	TO HC Poge TO FU direct		PEMOVAL (Specific) 12/28/67 Wood/AWN COM BA/TO. Co. Md. ADDRESS. 1250 RECID BY REGISTRAR 250 REGISTRAR SIGNATURE
	VR A15 (4)		C.S. Wac Nalt Catonsville Md 4224 DATE JAN 2 1968 plantes Jusque







16502 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimo re Maryland MARYLAND b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 39yr Limth Baltimore papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1525 Clement Street SPRING GROVE STATE HOSPITAL YES NO. 3. NAME OF First Middle 4 DATE Month Day Year DECEASED OF DEATH 19 67 Julia Elak December (Type or print) IF UNDER I YEAR S. SEX B. DATE OF BIRTH AGE (in years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) WIDOWED 1888 and in any female DIVORCED white 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) INDUSTRY COUNTRY? attending physician permit. Then please housewife Hungary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war or dates of service) 219-54-3107T Records: SPRING GRO VE STATE HOSPITAL burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) undetermined,
PART I DEATH WAS CAUSED BY:

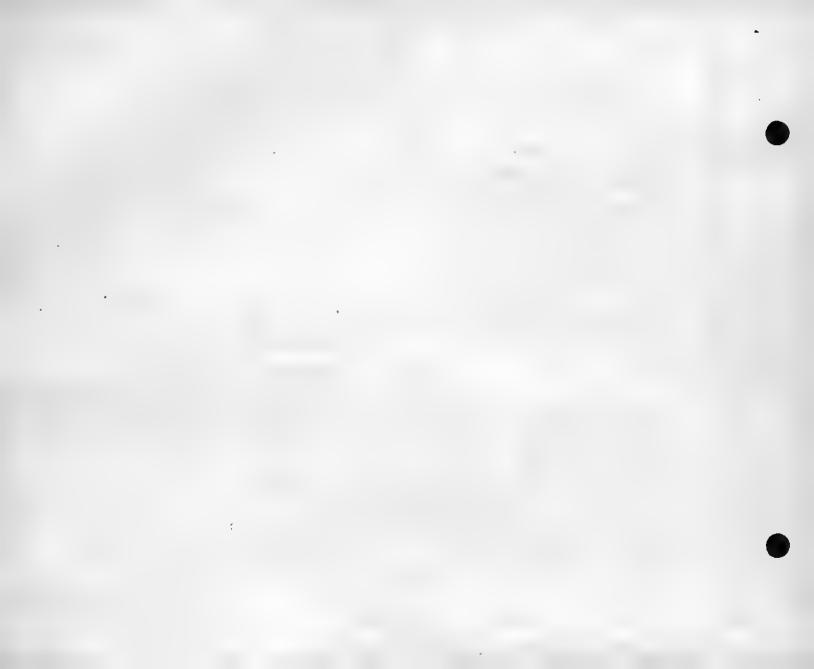
Bronch connection. ONSET AND DEATH signed by the burial-transit p IMMEDIATE CAUSE (6) Bronchopneumonia, Left Lower Lobe, org. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. Conditions, if any, which gave (b) Metastatic carcinoma. probable. month rise to immediate couse (a), DUE TO stating the underlying couse our aerached far use as the State Dept. af Health priar ta (c) Carcinoma of the left breast, probable months PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? Diabetes Mellitus; Hypertensive, Carterjosclerotic CVHD NO TO FUNERAL DIRECTOR: After this certificate 20d ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 of Part 1 of stern 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Morstn, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) Haur a.m. factory, street, affice bldg, etc.) Nat While at wark at work Dec. 1 19 67that A (we) last 21. I certify that 1() (this haspital) attended the deceased from Aug director, page 3 shauld shauld be tried with the 1967 , and that death occurred at saw the deceased alive an Dec. _M, fram causes and an the date stated above 22g. SIENATURE 22b. DATE SIGNED ATTENDING 12-1-67 DIRECTOR 22d ADDRESS SPRING G ROVE STAME 22c PHYSICIAN S HOSPITAL ng, M.D. NAME (Type) Baltimore, Maryland 21 228 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) Anatomy Board of Md. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A1II 25M 1/ Charles



	16503 DIVISION OF VITAL RECORDS, 301 W. PRESTO		4 * 1 0 5
	CERTIFICATE	OF DEATH	13495
	PLACE OF DEATH • COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution of STATE by COUNT Maryland	
	b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b	E CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
儿	Towson	Baltimore 21212	30 4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	St. Joseph Hospital	5646 Govene Ave.	YES NO X
3	NAME OF First Middle DECEASED	Lost 4 DATE Month OF	
-	(Type or print) Ralph William	Engle DEATH Decemb	er 20 19 67 FUNDER 1 YEAR IF UNDER 24 HRS
1,	16.2		Months Doys Hours Min
1	Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	1). BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
	uring most of working life, even if retired) INDUSTRY		COUNTRY?
1	Salesman Avis Truck Rental	Pennsylvania 14. MOTHER'S MAIDEN NAME	I USA
	Charles C. Engle	Laura ?	
7	E MIAC DEFEACED BYED IN . C ADMED CODICES 14 COCIAN CECHDATY NO. 1 17 III	NFORMANT Address	
(Yes, no, or unknown) (If yes give war ar dotes of service) 166-01-0233 Ma:	ry M. Engle (Wife) Same	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	dominal	INTERVAL BETWEEN
	IMMEDIATE CAUSE (o) Ruptured aortica	aneurysm	ONSET AND DEATH
	45/X DUE TO		
	Conditions, if ony, which gove) (b)		
	stoting the underlying couse DUE IO		
	last, (c)		10 905 0 7050
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO		19. WAS ALTOPSY PERFORMED? YES NO
I CEPT SICATION	The state of the s	Enter noture of injury in Part I or Port II of item 18.)	
MED CAL	Hour o.m While No' While factor p.m. 19 of work of work	LE OF INJURY (Home, farm, pry, street, office bldg , etc.)	(County) (State)
	21. I certify that (1) (this hospital) attended the deceased fram	Dec. 13 , 19 67, to Dec. 20	, 19 <u>_67,</u> that (I) (we) last
	saw the deceased olive on Dec 120 19 67, and that		
	220 SIGNATURE	ATTENDING MED STAFF PHYS DIRECTOR PHYS	22b DATE SIGNED 12-20-67
	miles C. meday	PHYS DIRECTOR PHYS A	12-20-07
	22c. PHYSICIAN'S NAME (Type) Lucas C. Vidhyaphum, M.D.	7620 York Rd., Towson,	Md. 21204
2	30 BJRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMOVAL (Specify)		n) (County) (State)
	Ruria 1 12/23/1967 Moreland Memo	orial Park Baltimora 1	
	24 FUNERAL DIRECTOR ADDRESS Eugenia K. Seitz 5209 York Rd. Balto.		estrar's signature
	COSTECUENCE MATAN SCOA JULY BY DIST	0202010BCC 9 0 10E/ 1 2/2/	Carlot and the Contract of the



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16504 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 BALTIMORE S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS PROFESSIONAL HOUSE. 133 SLADE AVENUE 3900 N. CHARLES STREET □ NO X PHYSICIAN: The law requires that the death certificate be executed within NAME OF DECEASED Middle First Lost 4. DATE Month Day Year ENNIS DECEMBER FLORA B. 19 67 (Type or print) DEATH IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) Manths Hours OCTOBER 9. 1888 WHITE WIDOWED DIVORCED 10a USLAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? BALTIMORE. MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME REBECCA STRAUS ALEXANDER BECKHOFER 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor ar dates of service MR. PAUL PALMBAUM. PARK HGHTS. AVE. 13-12-8907 6701 NO IB CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH プラベト Conditions, if only, which gave nse ta immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I. of item 18) 20o. ACC DENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm (City or fown) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour a m. factory, street, office bldg., etc.) Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased from 12/27, 1967, that (1) (me) las 1967, and that death accurred at 1:30M. from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 22a SIGNATURE STAFF PHYS director, page 3 shauld be filed v M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN 222 W. COLD SPRING LANE LEVI ELLIOTA 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION (County) (State) REMOVAL (Specify)
BURIAL BALTIMORE. MARYLAND DRUID RIDGE 12-28-67 2 2St REC'D BY REGISTRAR ADDRESS 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) LEVINSON & BROS. INC., 6010 REISTERSTOWN



3	1	MARYLAND STATE DEPARTMENT OF HEALTH 1 6 5 0 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	65.	CERTIFICATE OF DEATH 16497
er death	funerol ond	PLACE OF DEATH a. COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived, if unstitution Residence before admission) b. COUNTY Baltimore
ours afte	P P ges	b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural— Baltimore C CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Baltimore
n 24 hc	filled-m-tw popers thin 72-frour	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) 1209 Overbrook Road d STREET ADDRESS 1209 Overbrook Road e IS RESIDENCE ON A FARM YES \(\sum \) NO
d withi	₹ 2 ₹	NAME OF Frst Middle Lost 4. DATE Month Day Year DECEASED (Type or print) LENA H. EVANS DEATH December 15, 19 67
execute	any eve	Female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED Aug. 10, 1895 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24
ote be	lease re	00. USUAL OCCLPATION (Give kind of work done lind of work done lind of work done lind of working fe, even if refired) HOUSEWITE 10 KIND OF BUSINESS OR INDUSTRY Switzesland 11 BIRTHPLACE (Caunty & State, ar fareign country) COUNTRY? USA
certific	g phys	Robert Allard 14. MOTHER'S MAIDEN NAME Unk.
deoth	attendin ermit. o, or re	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Magdalone Behr (Same)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriof-transit permit. Then please remove cork should be filed with the State Dept. of Health prior ta buriof, cremation, or removal, and in any event,	IB. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause [b] DUE TO (c)
. The lo	e has b use as alth pric	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\sum \ NO^{\circ} \) YES \(\sum \ NO^{\circ} \)
SICIAN Spital o	ertificat led for t. of Hec	PERFORMED? YES NOTE 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NOTE NOTE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
4G PHY	ar this c detach	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a m p.m. 19 at wark at
TENDIA ined by	OR: Afte ould be the Ste	21. I certify that (I) (this he pital) attended the deceased fram 1947, to 20015, 1967, that (I) (we) saw the deceased alive an 2001 1967, and that death accurred at 2130 RM, fram causes and an the date stated at
ITAL OR AT	RAL DIRECTO	220 SIGNATURE ATTENDING MED DIRECTOR DISTAFF DISCONDING PHYS DIRECTOR DISCONDING PHYS DISCONDING PHYS DISCONDING PHYS DISCONDING PHYS DIRECTOR DISCONDING PHYS DIRECTOR DISCONDING PHYS D
TO HOSPITAL Poge 4 moy	director should	Baltimore, Md. (County) 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bultimore, Md.
V	/R A15 (M)	24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 DATE DEC 18 1967 Clarks Sugnature DATE DEC 18 1967
	W/	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16506 CERTIFICATE OF DEATH 18498 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ofter_deoth funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE **b** COUNTY Baltimore **MARYLAND** Mary land Baltimore b CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) life Parkville Parkville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 2706 Taylor avenue 2706 Tayler NO X YES .avenue NAME OF Middle First DATE Month compretely Last Day Year DECEASED MARGARET **EVANS** 31 1967 Dec ond in ony event. (Type or print) DEATH AGE (n years last birthday) **IF UNDER 1 YEAR** 5 SEX 6. COLOR OR RACE IF UNDER 24 HRS 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Hauss WIDOWED DIVORCED eb 9 1877 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
At home INDUSTRY USA COUNTRY? ottending physician permit. Then please Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, John Meis Margaret ***** 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, na, or unknown) (If yes give war or dates of service) Family_records None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN buriol-transit ONSET, AND DEATH IMMEDIATE CAUSE (a) Pagill 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). **DUE TO** stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has with the State Dept. of Health YES [NO for 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (C ty or town) (County) (State) 20c. I.ME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Nat While at wark at work Alle - 1867 , that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 3/ 19 67, and that death occurred at 50. M, fram causes and an the date stated above. Rec. saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED ATTENDING M.D DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) Elliot Harris 8100 Hafford Rd. M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) (State) REMOVAL IS BUY 1/3/68 Mt. Carmel Cem. Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR VR A15 (4) 25M 1/67 1968 DATEAN C.F.EVANS & SON 8802 Harford raod





1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ਲ ੰ ਦ	16503 CERTIFICATE OF DEATH
1	1. PLACE OF DEATH a. CDUNTY Caltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY Balticore
Z Z	b. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (I and in the later)
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Codd Convales cant Home d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NOT
ı	3. NAME OF First Middle Last 4. DATE Month Day Year
ı	(Type or print) Thea centrude Farley DEATH December 15. 1967
	5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 14 HRS last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of work done in the line of working life, even if retired) 10b. KIND DF BUSINESS OR in BIRT HPLACE (County & State, or foreign country) 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	cousewise Un Home Haryland USA
	13. FATHER'S NAME
I	John in a chon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Į	(Yes, no, or unknown) (If yes give war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
-	PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORR HARE ONSET AND DEATH DEATH DEATH DEATH DEATH DEAT
İ	
ı	Conditions, If any, which (b)
I	gave rise to Immediate Cause (a), stating the DUE TO
l	underlying cause last. (c)
1	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 15.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PORT NOT PART 1 OF PAR
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) 20
	21. I certify that (I) (this hospital) attended the deceased from ANC-10, 1967, to DEC 15, 1967, that (I) (we) last
I	saw the deceased alive on 250 14 1967, and that death occurred at 150 M, from the causes and on the date stated above
	222. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 12/18/67
	22c. PHYSICIAN'S NAME (Type) C. SIWINSKI 206 W. PENNA AU TOWSON Med.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or county) (State)
	Burial Dec. 18. 1967 Holy elemen Enetery Ballimone, an land
	24. FUNERAL DIRECTOR ADDRESS 258. REGISTRAR 256. REGISTRAR'S SIGNATURE Co'ND Swrns Sons, Lowson, and Land
	John Swins Sons, Towson, arriland DATEDEC 21 1967 misseles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16509 CERTIFICATE OF DEATH 16501 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY Baltimore Maryland Baltimore MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate emits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 21234 Parkville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 8402 Beryl Road 8402 Beryl Road NO X YES NAME OF Middle 4. DATE First Month LOST Doy Year burial, cremation, or removol, ond in ony event, wit DECEASED DITHOIL MARTE PIDIDITO December 67. 19 (Type or print) DEATH S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED (Filepirthdoy) Months Doys Hours March 29, 1912. White Female WIROWED 11 BIRTHPLACE (County & Store, or foreign country) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 1Do LSUAL OCCUPATION (Give kind of work done COUNTRY 2USA during most of working the even if retired) Telephone Co. Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME George Andrews Estelle Benson 16 SOCIAL SECURITY NO 17. INFORMANT Address IS. WAS DECEASED EVER IN J. S. ARMED FORCES? permit. (Yes, no Nunknown) (If yes give wor or dotes of service) 212-03-6957 Mr. Vernon Feete (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-tronsit g ONSET AND DEATH PART I DEATH WAS CAUSED BY overyou with lictarion IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION hori YES -NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bidg., etc.) Not While 19 at work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram 1953, 19, 19, 192, 2, 1967, that (1) (we) last saw the deceased glive an 12, 3, 1967, and that death accurred at 5, 20%, fram causes and an the date stated above. 1947, that (1) (we) last saw the deceased alive an 12 - 3 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MLD DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 7122 Harfard Road Dr. Joseph Skloven NAME (Type) 23b. DATE THEREOF 12/7/67. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o BURIAL CREMATION Moreland Memorial Cemeter Baltimore, Md. Burial (Specify) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Minutes Judge Leonard J. Ruck, Inc. Balto. Md. 21214 20 M 1/60



MARYLAND STATE DEPARTMENT OF HEALTH 16510 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16502 CERTIFICATE OF DEATH funeral of and 2 tendeath The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY BALTIMORE MARYLAND oges I b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 DAYS BALTIMORE FORT HOWARD .⊑ lease remave carban papers. and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 112 SCOTT STREET ₩0 🗶 3. NAME OF Middle First 4 DATE DECEASED (Type or print) NOBLE ELZAPHION FISHER DECEMBER 19 67 DEATH IF LINDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF LNDER 24 HRS **NEVER MARRIED** last birthday) 5/12/25 MALE NEGROID DIVORCED 10o. USUA. OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? LABORER STEEL GRASONVILLE, MD U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, ALBERT FISHER ARRIE BOWLING IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) 218 20 6821 CLIN.RECORDS, VA HOSPITAL. YES WWII 38. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) buriat-transit PART I. DEATH WAS CAUSED BY CANCER OF ESOPHAGUS IMMEDIATE CAUSE (o) DUE TO signed Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending the Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? NO X certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem. 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detached should be filed with the State Dept. 2Dc TIME OF INJURY Month, Day, Year 2Dd INBURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) TO FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) Hauria.m. Not While at work 2). I certify that (* (this haspital) attended the deceased fram 12/12/67, 19 , to 12/15/67 19 , that X (we) last saw the deceased alive an 12/13/67, 19, and that death accurred at 7: 30PM, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED 12/16/67 DIRECTOR 22d ADDRESS 22c PHYSIC!AN'S GEORGE DUDAS, MD NAME (Type) VA HOSPITAL, FORT HOWARD, MD 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Dec 20,1967 Baltimore National Cemetery Baltimore, Maryland Burial 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 928 E. North Ave. VR A15 (DEC Vm. March Funeral Home Baltimore. Maryland DATE

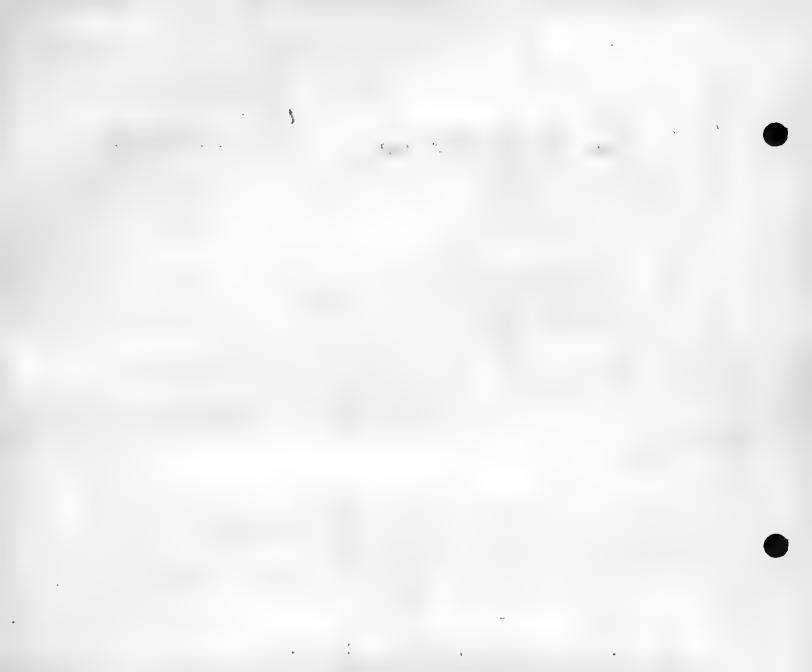
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1651 CERTIFICATE OF DEATH 18503 deoth uneral puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Balto. MARYLAND Maryland b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) hours Catonsville 3mths.18dvs Baltimore, 21222 Marvland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? paper OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, Spring Grove State Hospital 2151 Coralthorn Road NO X Within pan NAME OF DECEASED First Middle Last 4 DATE Year Star and in any event, (Type or print) Flanagan DEATH Dec. 1967 remaye car S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last hirthday) Months Days Hours White WIDOWED DIVORCED 🗜 Male Jan.20, 1912 gug 10a. USUA. OCCUPATION (Give kind af work dane 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & rate or fareign country) during most of working life, even if refired)

Laborer INDUSTRY **COUNTRY?** West Virginia U.S. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME ar removal. Russell Martin Mary Varner 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) If If yes a ve war ar dates of service) No Records: Spring Grove State Hospital burial, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) Carcing a to right temporal lower ERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: Metastatic, well different ated adeno-IMMEDIATE CAUSE (o) by the haspital or attending physician. the gastrointestiral tract, probable DUE TO signed Well differentiated adenocarcinoma, from Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? has PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION 3 shauld be detached for use with the State Dept. of Health NO this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg, etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram Sept. 8 , 1967 , to Dec. 26 , 1967 , that (1) (we) last saw the deceased alive on Dec. 26 1967 , and that death occurred at 5:00 M, from causes and on the date stated above. O HOSPITAL OR ATTEND Page 4 may be retained 1967, and that death occurred at 5:00M, from causes and an the date stated obave. O FUNERAL DIRECTOR: 22a SIGNATURE 22b DATE SIGNED STAFF director, page 3 should be filed v DIRECTOR 22d ADDRESS 22c PHYSICIAN S Spring Grove State re. Maryland 21228 Hospital NAME (Type) Anthony J. Young. M.D. Baltimore, Maryland 230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) W. VA. FLANAGAN CEMETERY 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 CUMBERLAND, MD. BYRON KIGHT 1968 DATELAN

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16512 CERTIFICATE OF DEATH 10504 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where decensed lived it institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits (orporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hosp to), give street address) d STREET ADDRESS e IS RESIDENC ON A FARM Charlesmead NO NAME OF 4. DATE OF DEATH Middle Year DECEASED (Type or pant) and in any even IF UNDER 1 YEAR S SEX 9. AGE (In years NEVER MARRIED lost_birthday) Months Dovs Hours DIVORCED WIDOWED gud 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life INDUSTRY **COUNTRY?** physician 13. FATHER'S NAME burial, cremation, ar remaval, 17 INFORMANT (Yis no or unknown) (If yes give wor or dates of service CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. signed by cardio - Basen Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been be detached far use as the State Dept. af Health priar to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Dov. Year (City or fown) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this-hospital) attended the deceased from Account from 19 6 , and that death accurred at 12 8 AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE directar, page 3 shauld be filed v DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type NAME OF CEMETERY OR CREMATORS 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 12-26-67 Baltimore Green Mount Md remation 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 & Sons Co. 4905 York



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16513 CERTIFICATE OF DEATH 16505 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY p. STATE Baltimore Baltimore MARYLAND Maryland Baltimore
c CITY OR TOWN (If outside carparate limits, write RURAL one give nearest town) b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Reisterstown Reist erstown vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 107 Lemport Road 107 Lamport Road NO K YES NAME OF First Middle 4 DATE Lost Doy Yeor campletely DECEASED please remove carba Dec. Charles 16 67 Calvin (Type or print) Folkert 19 and in any event, DEATH SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Days Hours Male White X April WIDOWED DIVORCED and 100 USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retried) INDUSTRY Grocer Carroll Co., Md. Self-emoloyee 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, attending phys Elizabeth Chritzendahler John Folkert IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 107 Lamport Rd. Reisterstown, Md. permit. (Yes, no, or unknown) I(If yes give war or dates of service -22-9985 John F. Folkert No 18. CAUSE OF DEATH (Enter only one cause per line (a), (b) and (c) INTERVAL BETWEE burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the haspital ar attending physician. DUE TO Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse has been we aerached far use as the State Dept. af Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 2Do ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Post II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De PLACE OF NJURY (Home form. 2DA INTURY OCCURRED (City or town) 2Dt. TiME OF INJURY Month, Doy, Year (County) (State) Hour to m. foctory, street, office bldg., etc.) While Not White at work of work 21. I certify that (1) (this hospital) attended the deceased from 10 Okcember 6 1967, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive and combac (5 19 6 7, and that/death accurred at 8 . 65 MM, from causes and on the date stated above 220 SIGNATURE 22b DATE SIGNED MD PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Clarence E. McWilliams MD 23d 10(ATION (City of Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVALISpecify)
Bur iel Manchester, Carroll. /19 Manchester Cemetery 24. FUNERAL DIRECTOR ADDRESS DATE DE VR A15 (4) Owings Mills. Md. 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
	16515 CERTIFICATE	OF DEATH	46505
r death.	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	o. STATE Maryland	if institution: Residence before admission) b. COUNTY
by the Pages, our soft	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, Baltimore	write RURAL and give nearest town)
on 24 ho popers. hinV2 h	d NAME OF HOSP TAY OR INSTITUTION (If not in hospital, give street oddress) Lvy Hall Nursing Home	d. STREET ADDRESS 2413 Norther	n Parkway o is residence on a farm? YES NO E
conted within 24 ho completely:fulled in love carbon papers. y event, within V2 h	(Libe or billis)	OWKES 4 DATE OF DEATH	Month Doy Year 72 9 1967
ond compression only even	Female White WIDOWED DIVORCED	3 DATE OF BIRTH 9 AGE (In lost bir	thdoy) Months Doys Hours Min.
ote be execut ician ond com leose remove ond in ony ev	100 USUAL OCCPATION (Give kind of work done during most of working life, even if retired) TOUSEWE 72 INDUSTRY	11 BIRTHPLACE (County & State, or foreign coun Penna.	12 CITIZEN OF WHAT
certific ng phys Then p movol,	John Schrecker	Magdalena Metz	
death attendir ermit. in, or re	(Yes, no, or unknown) (If yes give wor or dates of service)	Mrs Margaret (roa	Address to -Same -
hat the n, sy the a ansit p	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (o)	thran leasic	INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, be retained by the hospital ar oftending physician. PRECTOR: After this certificate has been signed by the attending physician and completely-fulled in by the fuñeral et 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 1/2 hours of received.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	cloronic Heart	Dracoc
i. The law r rr ottending e hos been use os the ofth prior ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
Poge 4 may be retained by the hospital ar ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL FYAMINED	(Enter noture of injury in Port I or Part II of iter	m 18.)
VG PHYSIC the haspi er this cert of detached ate Dept. of		CE OF INJURY (Home form, ory, street, office bldg., etc.)	town) (Counly) (State)
R ATTENDIN retained by RECTOR: After 3 should be with the Ste		Dec. 2 , 19 67, to Dec t death occurred at 3:50% Hom	causes and an the date stated above
OR All be reto DIRECT	220 SIGNATURE SELECTION MI	D. ATTENDING D. MED. ST./ PHYS DIRECTOR D PH	
O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fil	22c PHYSICIAN'S NAME (Type) SAMUEL STERN.	1010 & Belved	dere Ave
TO HO Poge TO FUI direct shoul	230 BURIAL CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR SEMOVAL (Specify) 12/13/67 Smith field	d Cemetery Pittst	ity or Town) (County) (Stote) Penns 25b AFGISTRARS SIGNATURE
VR A15 (4) 20 M 1/66	Leonard & Ruck Inc 5305 Harford R	d DEC 1 1 1967	fares Juga

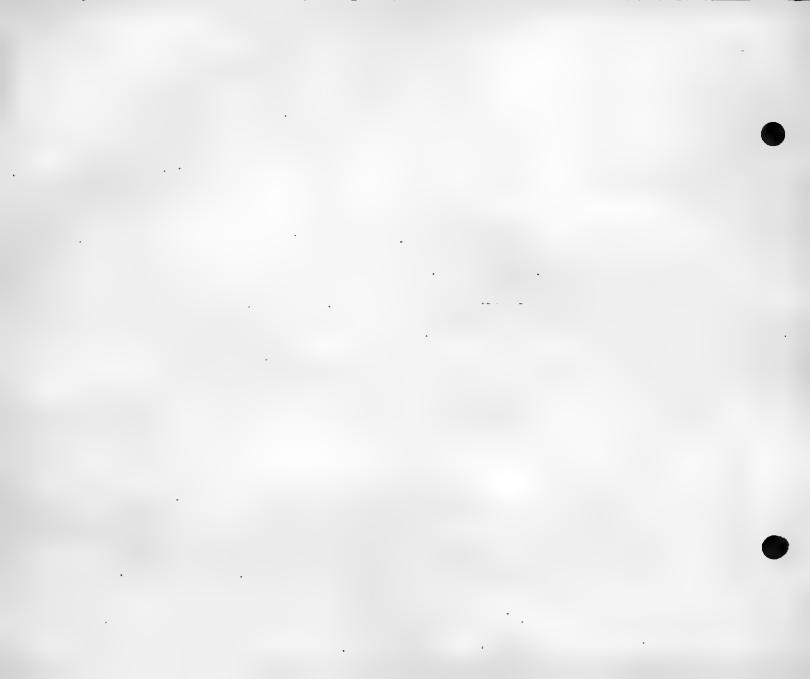


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16516 CERTIFICATE OF DEATH 16508 ond-2 ours after deoth. funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore g COUNTY. o STATE **b** COUNTY Maryland MARYLAND b CITY OR TOWN (if outside carporote limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town. Catonsville within 72 hours Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? Forest Haven Nursing Home 1137 Carroll Street YES NO IX NAME OF Middle The law requires that the death certificate be executed with corbon Eirst Lost DATE Month Day Year DECEASED FRIEDA A. FOX DEATH December 13, 1967 event, (Type or print) 5 SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Days Hours Female July 21-1902 White cremation, or removal, and in any WIDOWED DIVORCED IGO. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or Foreign country) 12 CITIZEN OF WHAT physician (during most of working life, even if retired) COUNTRY?A INDUSTRY Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Richard F. Fox Gretchen Struhs IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Mr. Lennox E. Fox, 1137 Carroll Street 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) NTERVAL BETWEEN buriol-trans + PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove) Eppeni - Elisabeni DISENI nse to immediate cause (a). DUE TO O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending stating the underlying cause this certificate has been 19. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO be detached for use State Dept. of Health NO R 200. ACC DENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (E ty or town) (County) (Stote) Hour o.m While factory, street office bldg .etc) Not While at work 21. 1 certify that (1) (this hospital) attended the deceased fram. director, page 3 should should be filed with the 1962, and that death accurred at fram causes and on the date stated above. FUNERAL DIRECTOR: saw the deceased alive on___ 22e SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS 22C PHYSICIAN 22d. ADDRESS NAME (Type) Dr. John Shaw 5800 Edmondson Avenue 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BEMRYAW(Specify) 12-15-1967 Stone Chapel Cemetery Pikesville, Maryland 2 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Howard H. Hubbard, 4107 Wilkens Ave. 21229 DEC 1967 Pleanter 25M 1/67



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH l o 5 ft 9 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) . COUNTY b. COUNTY BALFIMORE MARYLAND maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL and give nearest town] JEANDAISTOUN, Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Hilton Rd. Altimore County YES NO NAME OF 4. DATE DECEASED FREEDLAND (Type or print) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX lest birthday) Months Hours WIDOWED K DIVORCED X 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Slete, or fore on country) done during most of working life, even if relired) AT HOME I THUÁNTA U.S.A. HOUSEWEFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes givewer or deles of service) THREE OAKS RO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), end (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Or feriose la ofice pherigheral Dipany **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, Jerm, 20f. (City or town) (County) (Stefe) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a m et work saw the deceased alive on Financial 22b. DATE 22. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 228. ADDRESS LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 中西 0 ADDRESS REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 & BROS. . 6010 REISTERSTOWN RD.





-410	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOD CTATE	1 (5)	1
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALIH DEPIS	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy 1 OF ESTI- DEATH MATED 72-3/	Year 2b HOUR
Sma tilli	3 SEX 4 RALE S DATE OF BIRTH 6 AGE (n years F UNDER 1 YEAR F JNDER 24 HRS 2c. DATE PRONOUNCED DEAD ags birthday) Monti-s Days Hours Minh	2d HOUR
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	COUNTRY) BALTO MILL U. S. A. WIDOWED DIVORCED BALTIMORE	M.d.
offer death S Given Pages altang with fee	10 CITY OR TOWN OF DEATH 1 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital during most of working life, even if retired) INDUSTRY, 10 CITY OR TOWN OF DEATH 1 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital during most of working life, even if retired) INDUSTRY,	OF BUSINESS OR
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O DEPUTY necessory, p the funeral S may be re O FUNERAL Health prior	examiner's NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)	
5 5 5 5	230 BURIAL CREMATION. 230 DATE 230, NAME OF CEMETERY OR CREMATORY BELAIR & BELAIR & BALTO.	(Stote)
CK.	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRARS S GNATURE	17K_1
VR A15ME (51/) 10M REV 1/68	THE DIPPEL BROTHERS INC 7110 BELAIR No. DATE JAN 3 1968 PEliantes	mest.



	PLACE OF DEAT	гн				2. 1	USUAL RESID	ENCE (Where	deceased lived,	If institution:	Rasidence	before edmis
	. COUNTY	BALTIM	MPR		MARYLAI		a. STATE	YLAND	b, co	ANNE	ARIIN	DRI.
	b, CITY OR TOWN	(if outside co	orporate limits,	_	c. LENGTH OF STAY II				orporate limits, w	rite RURAL e	nd give ne	erest town)
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	NAME OF		First		Middla		Lauf	4. DAT	E Mo	nth	Day	Year
	DECEASED (Typa or print)		MUNRO	RD W	ILLIAM A.	F	RENCH	OF DEA	TH DECEM	BER	15	. 19 6
5.	SEX	6. COLO			NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In year	IF UNDER		F UNDER 24 H
1	MALE	WHI		WIDOWED			0 25 07		60 yrs.	Months	Days	Hours M
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13.	FATHER'S NAME	**					MOTHER'S MAID					
	WILLIAM	FRENC	CH COGG	SISHE	ILL		EDITH M	MUNE	ORD			
	WAS DECEASED E	VER IN U.S.	ARMED FORCE	57 16. 5	SOCIAL SECURITY NO.				Addr	220		
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	722 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
42 /2	물실.	G	reater Baltimore Medical Center	YES NO
executed within	wit	3.	NAME OF First Middle Last 4. DATE Month OF	Day Year
d w	en ça	_	(Type or print) Mildred Futch DEATH 12	11 19 67
et e	o ve	5.	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months	
exec	na n	102	Female White WIDOWED DIVORCED DEC 27 1908 58 yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. GI	ITIZEN OF WHAT
be be	rmit. Then please remove carbon plan, or removal, and in any event, within	dur	USUAL OCCUPATION (Give kind of work done Industry) 10b. KIND OF BUSINESS OR INDUSTRY Baltimore 10b. KIND OF BUSINESS OR Baltimore	OUNTRY, A
ate	ar, a	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
rtifi	The Tag		Edward B Hopkins Olive Wilcok	
r ce	5 5	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
law requires that the death certificate be titending physician. has been signed by the attending physician	the burial transit permit.	100	s, no, or unknown) (If yes give war or dates of service) No. J.D. Futch 104 Dublin Rd., 7	lowson, Md.
a d	natii p	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at the		ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Breast	
sich gene			170 X DUE TO	
ires physical			Conditions, If any, which gave rise to immediate (b)	
requence ding	축 축 다		cause (a), stating the DUE TO	
law ffen has	as as	No	underlying cause last. (c)	19. WAS AUTOPSY
The or a	for use	CERTIFICATION		PERFORMED?
ital ital	百五	TIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I) of Item 18.	
PHYSICIAN: The law requires that the hospital or attending physician.	d be detached for use as the State Dept. of Health prior	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
the this	Del	MEDICAL	instant street afficiently state	inty) (State)
by t	be c	MED	p.m. 19 at work at work	
ATTENDING retained by	pld the			57, that (I) (we) last
ITTE etai	유분		saw the deceased alive on 12-11 1967, and that death occurred at 9:45M, from the causes and on the causes and on the causes and on the causes are p. m. 220. D.	he date stated above.
8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e_D ≪ ⇔ ≥		ATTENDING - MED. STAFF	12/12/67
Ray nay	Pag File		22c. PHYSICIAN'S 22d. ADDRESS	12/12/01
SPIT 4 n	P. P. C.		NAME (Upe) John E. Adams, M.D. 6701 N. Charles Street	
TO HOSPITAL C Page 4 may In	director, page 3 should should be filed with the	23a		unty) (State)
100		24.	Greenmount Baltimore Md.	'S SIGNATURE
VR AL	5 (4)			Judge:
	1/65		UEU 19 (95)	

76,

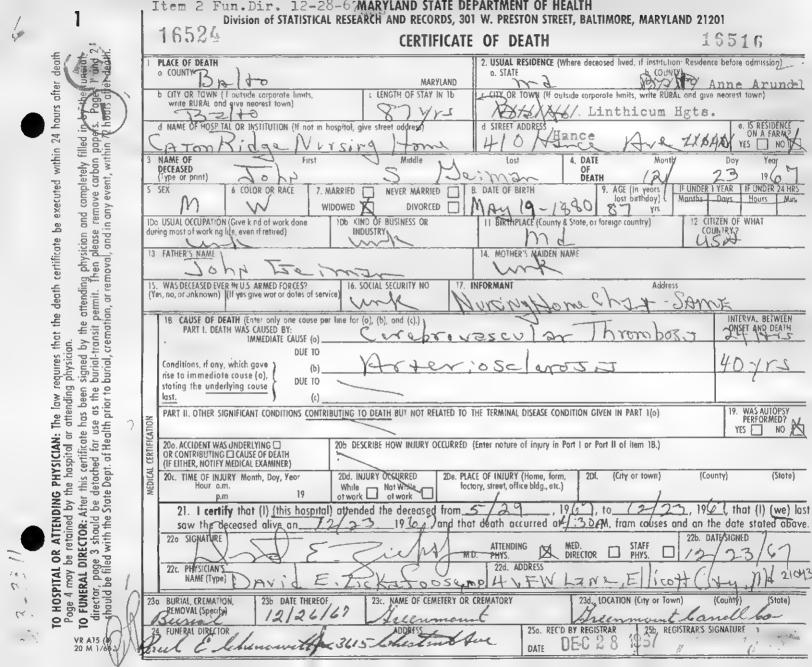


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13514 FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COLNTY Baltimore o. Maryland b. COUNTY Baltimore MARYLAND b (ITY OR TOWN (1 auts de carparate in ts. write RURAL and give nearest town)

Duncialk C LENGTH OF STAY IN ID c CITY OR TOWN (II autside carparate limits, write RURAL and give neorest tawn) 14 years Dundalk d NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? 7322 Kirtley Road 7322 Kirtley Road ND X in Item 18. Give Pages te certificate, writing the word "pending" in penal in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with 3 NAME OF Middle 4 DATE Eirst Last Month Year DECEASED OF DEATH Charles W. Gabriszeski December 16 10 67 S SEX 6 COLDR DR RACE B DATE DE BRIH AGE (In years IF UNDER 1 YEAR 7 MARR ED DO NEVER MARRIED ast birthdoy) Male White March 4, 1919 event with:n 72 hours after death W DOWED DIVDRCED 11 B-RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Westinghouse Corp. Pennsylvania Logistic Engineer This certificate should be executed within 24 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Josephine Barkiewicz John Gabriszeski 17 INFORMATIVE AddreDundalk. Md. IS WAS DECEASED EVER N J S ARMED FDRCES? ON YTHRUSEL JAID OF 16 (Yes, no or unknown) (If yes give war or dotes of service) Mrs. Rita Gabriszeski, 7322 Kirtley Rd. 187-05-7601 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per Occlus um ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove nse to immediate cause (a), DUE TO stating the underlying couse PART IL D'THER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS ALTDPSY or removal, PERFORMED? CERTIFICATION execute the certificate, NO IK 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20h DESCRIBE HOW NILRY OCCURRED (Enter nature of mury in Port or Port II of item 18) CAUSE OF DEATH (Ety or town) (State) 20c TIME OF INJURY Month Dov. Year 20d INJURY DCCLRRED 20e PLACE DF INSURY (Home farm, (County) Not White foctory, street, office bidg. etc.). at work of work La FUNERAL DIRECTOR: P 21 I certify that I took charge of the remains described above, held an Autopsy [], Inspection X nguiry 🗓 , and in my apin an Natural causes . Accident . Suicide . death resulted from. Hamicide | Undetermined manner 105 Main Street CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dundalk. SIGNATURE 12/16/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Theodore C. Patterson M.D. Address (Street, city town, or county) NAME (Type) the 23h DATE THEREOF 23c NAME DE CEMETERY DE CREMATORY 23d LDCATION (City or Town) 230 BUR A' CREMAT DN BITTAT Pecify) 12/20/67 Baltimore, Md. Holy Cross Cemetery 2SO REC D BY REGISTRAR 256 REGISTRAR , S GNATURE 24. FUNERAL DIRECTOR VR A15ME (\$) Minnes John J. Duda, 7922 Wise Ave. Dundalk, Md. 6M 1/67









MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16525 CERTIFICATE OF DEATH 13517 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Catonsville c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 6mths.10dys. Carney, Maryland PHYSICIAN: The law requires that the death certificate be executed within 24 hau d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RES DENCE ON A FARM? Spring Grove State Hospital 9505 Ridgly Avenue YES NO F NAME OF Middle 4 DATE Month Year Doy DECEASED (Type or print) Seissberger 1967 December 11 Frederick John DEATH 9 AGE (In years YFAR S. SEX 6 COLOR OR RACE 7 MARRIED + 8. DATE OF BIRTH IF JNDER IF UNDER 24 HRS. NEVER MARRIED 60 birthdoy) burial, cremation, ar remayal, and in any WIDOWED DIVORCED August 30, 1907 White Male 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Margaret William Geisberger IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, opplies a live was give wor or dates of service)
Yes U.S. Army 220-03-7058 Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN SONZET AND DEATH IMMEDIATE CAUSE (a) Carcinoma, origin undetermined, histo-DUE TO pathology unknown, proven at Johns Hopkins Conditions, if ony, which gove " b) Hospital in about 1965, with generalized rise to immediate couse (a), DUE TO me tastases stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? of Health Cellulitis with trophic ulcers 2 to lmyphedema 2 to(a) above vs ficate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) Not While foctory, street, office bldg., etc.) While of work ot work 21. I certify that 16 (this haspital) attended the deceased from May 31 1967, to Dec. 11 1967, that (1) (will last saw the deceased alive an Dec. 11 19.67, and that death accurred at 7:30-M, fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. 12-12-67 22d ADDRESS Spring Grove State Hospital 22c. PHYSICIAN S NAME (Type) Anthony J. Young. M.D. Baltimore, Maryland 21228 23d LOCATION (City or Town) 23b. DATE THEREOF 23t NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION ((ounty) REMOVAL (Specify)
Burial Baltimore National Comet. Baltimore, Md.

ADDRESS 250 REGISTRAR 256 REGISTRAR 256 REGISTRARS 24 FUNERAL DIRECTOR DEC



Entre la	1		DIVISIO	N OF STATISTICAL	MARY RESEA	LAND STATE RCH AND RECO	DEPART	MENT OF W. PRESTOR	HEALT!	Î : BALTIMO	DEF 1 M	Δρνι ΔΝι	n
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	hours after death, in by the funeral is. Pages 1 and 2 thurs after death.	1.	PLACE OF DEAT	d .		····		SUAL RESIDENC	E (Where dece			sidence befor	admission)
						MARYLAN	11	. STATE Ma	ryland	b. cou	NTY Bal	timore	9
	by the		b. CITY OR TOW	ltimore N (if outside corporate li and give nearest town)	imits,	c. LENGTH OF STAY IN		TY OR TOWN (If					
	in by the state of	∤_	Bai	ltimore	- 1	14		arkville			0:	1	
	4 9 8 8		d. NAME OF HO	SPITAL OR INSTITUTION (If not In hos	pital, give street addr		REET ADDRESS				e. IS F	A FARM?
	thin 24 fell fill 24 fell fill 24 fell fill 24 fell fill fill fill fill fill fill fill	_		eater Baltimo	re Med	lical Cente	r 30	00 Laven	der Av	enue		YES	
		3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	th	Day	Year
	omple car		(Type or print)	MARY 6. COLOR OR RACE 7		CATHERIN	E G	ESSWEIN	OF DEATH	Decembe	er	5. 1	9 67
	d cc nove iy ex			["	MARRIED [4		9.	AGE (in years last birthday)	Months 1	Jays Hou	rs Min.
	exe I an I an I an	10.	Female	White 1	VIDOWED	DIVORCED DO OF BUSINESS OR	-1 1	-10-1888	1 7	79 yrs.	1	IZEN OF WI	
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	ate hysi ple al, a	13	Housewi	<u>te</u>		<u>Housewif</u>		Bakti Mother's maide		Md.	1	LS.A.	
	tiffe ng p hen nov		P.	4174 #-77					0		_		
	law requires that the death certificate be attending physician. I has been signed by the attending physician se as the burial-transit permit. Then please the prior to burial, cremation, or removal, and it	15	. WAS DECEASED!	illiam Kelly	S? 16. S	CIAL SECURITYNO.	17. INFORM	MANT	Carr	ie Stah Addre	16	21234	
	atte ermi n, o	1"	es, no, or unknym)	(If yes give war or dates of ser		0-32-3551	Forre	st Gessw	91	514 Pow	derhor		9
	the action	-		DEATH [Enter only one ca			rorre	St dessw		73.4 2011	4011101	INTERVAL	BETWEEN
	t the san. I by sansi		PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute	Renal Fai	Lure A	nd Acute	Myocar	dial In	farct	ONSET AN	D DEATH
	tha sicia ganed al-tr		7+01	DUE TO							1101		
	phy phy sig buri		Conditions, If		Arter	loscleroti	Card	iovascul:	ar Dise	ase			
	equiling ling beer the to to		cause (a), si	tating the DUE TO									
	aw rend	Z	underlying caus	ie last.) (c)	CONTRIBUTE	INO VO DELETA DITENTA		THE TRAINING	0510550110		I DADE MAI	120 14150	AUTOPSY
	The law or attentate has ase as safth pri	ATIO	PARTIL OTHERS	IGNIFICANT CONDITIONS	COMIKIBUTI	ING TO DEATH BUT NOT	KELATED TO	THE FERMINAL DI	ISEASECONDI	TIONGIVENIN	VPAKI 1(a)	PERF	ORMED?
	_ 2 = 2	CERTIFICATION	20a. ACCIDENT	WAS LINDERLYING 57	1 20h DF	SCRIBE HOW INJURY	relippen (Enter nature of	Injury in Par	t Lor Part II	of Item 183	YES X	NO [
	PHYSICIAN: the hospita this certifi detached fo e Dept. of H	18	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATH THE MEDICAL EXAMINER	200. DE	SORISE HOW MOOR!	JOGORNED. (Cutel natero of	injuly in rai	L I OI FAIL II	or rem 10.)		
	his his tack			INJURY Month, Day, Yea		URY OCCURRED 20e.	PLACE OF I	NJURY (Home, far	m.1 20f. (C	ity or town)	(Cour	ity)	(State)
	NG PHY by the frer this be deta State De	MEDICAL	Hour a.n	n.	While at work	ורבן שוווזוי זעוון	actory, stree	NJURY (Home, far et, office bldg., et	c.)	,	`	**	
	ATTENDING retained by GTOR: After should be vith the Stat	≥		y that (1) (this hospita		the deceased from	11/	22 19	67 to 1	2/5	19 6	7 that (V	(we) last
	ATTENDII retained CTOR: Ai should vith the S				2/5/	19 <u>67</u> , and	that death	occurred at 1	55M. from	n the causes	and on the	e date sta	ted above.
	With with		22a. SIGNATU		11				P		22b. DA	TE SIGNED	_
	L OR ly be OIRE	Н		18hr 2.	pole	2mm		s. 📙 D	IRECTOR	STAFF X	12,	/5/67	
	PITAL 4 may ERAL Cor, pag i be file		22c. PHYSICIA NAME (7)	rpe)		14 m	220						
	O HOSPITAL Page 4 may O FUNERAL director, pa	23	DUDIAL ODEM	John E.		23c. NAME OF CEME	TCDV AD AD			imore M			er
	TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ca director, page 3 should be detached should be filed with the State Dept.	23	REMOVAL (Spe			250. NAME OF CEME	EKT UK CKI						
	(1)	24	Buria FUNERAL DIRE	1 12-9-196	7 -	Moreland C	ometer	y 25a. REC	D BY REGIST	RAR 256. F	EGISTRAR'S	SIGNATURI	Md.
	VR A15 (4)		0	1/0 . austi	47	unipa.	R	DATE DE		1967	Mlan	1a. O.	100
	20M 1765	L-X	STORING STORY	- William	2100-10	7011041	VW-V	I DATE OF		- 6	7		7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16521 18519 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence perfore admission) PLACE OF DEATH funero a COUNTY o. STATE **b** COUNTY Baltimore ballimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lowson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 921 Southerly Goad Foxleigh Bursing Home YES NO K NAME OF Middle DATE Year DECEASED OF DEATH Jecember 27, Innie illett (Type or print) AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH une 10. hite WIDOWED X DIVORCED temale. 100 JSUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) during most of working life even if retired) Encland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, s gned by the ottending phy burial-transit permit. Then Thomas Carker Alice Catherine (arter 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no or unknown) (III yes give wor or dates of service Femilia records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Senility IMMEDIATE CAUSE (o) by the hospital or attending physicion. **DUE TO** Hupertensive cardio vascular years Conditions, if ony, which gove nse to immediate couse (a). **DUE TO** stoting the underlying couse 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (Stote) TO FUNERAL DIRECTOR: After this Hour 'o.m. foctory, street, office bldg., etc.) 19 04 to 12/21 19 0/, that (I) (we) last 21. I certify that (1) (this haspital) attended the acceased fram Page 4 may be retained director, page 3 should should be filed with the 19 67, and that death accurred at 7:55 PM, from causes and an the date stated above saw the deceased alive an. 226 DATES GNED 22a SIGNATURE MED M.D. 22d. ADDRESS St. Paul St., Balto., Nd. 22c. PHYSICIAN'S lox 3rd 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMAT ON. (County) REMOVAL (Specify) Green 'emeteru amo Hill Tenna. 256 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John Burns Sons, Towson, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16529 16520 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY B. Itimore o. STATE b. COUNTY MARYLAND Ba timore the f b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) CLENGTH OF STAY IN 16 O. tonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) d STREET ADDRESS S RESIDENCE and in any event, within 72 ON A FARM? filled i 45 Delrey Ave. 45 Delrey Ave. YES NO 3. NAME OF Middle 4 DATE Month Eost First DOY Year DECEASED dillman, or. George Н. Dec. 11 19 07 DEATH (Type or print) IF UNDER 1 YEAR I IF UNDER 24 HRS 9 AGE (In years S. SEX 6 COLOR OR RACE TATA NEVER MARRIED B DATE OF BIRTH 7. MARRIED last birthdoy Months Cauc. 11/20/78 WIDOWED DIVORCED 10o LSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Howard M. willman. Emily E. Magnes 17 INFORMANTeo. H. Gillman, Saddress 15 WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 23-43-2646 A 45 Delrey Ave. burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BYburial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Arterio schootic Cardio Vescular DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING PHYSICIAN: The CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO [20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work , 1947, that (I) (we) las , 1959 , to 12/11 21. I certify that (!) (this haspital) attended the deceased fram_ 4/16 1967, and that death accurred at 10 4.M. from causes and an the date stated above saw the deceased alive an 12/9 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING 22d. ADDRESS 22c PHYSICIAN S Joseph S. Blum N. Calvert St. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) salvinore wational Gen. alti ora, .d. 12/14/67 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Marles Witzke F. D. - 4101 Edm adson Av.



10-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
death. uneral and 2 and 2 death.	SERTITIONE OF BEATT
	1. PLACE OF OEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) b. COUNTY b. COUNTY
after after	1 / WOO() MARYLAND E LOOT CITY VYXCL HOWARD
hours as hours as hours as hours as	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson C. LENGTH OF STAY IN 1b app. 14 days
24 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	Grenter BALTO Medical Conter 525 old Trederick Rd YES NOV
	3. NAME OF 1 First Middle t Last 14. DATE Month Day Year
rted w compl ve car event	DECEASED OF PINITY TO DEEP TOWINGS GLASCOCT DEATH Dec. 22 1967
cute d co ove y ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
e be executed w sician and compl lease remove car and in any event	TO SUPPLY WIDOWED DIVORCED 170-77-23 9 9 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working jife, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nysi Pple:	13. FATHER'S NAME
iffice g pl	
The faw requires that the death certificate be or attending physician. Sate has been signed by the attending physician use as the burial-transit permit. Then please salth prior to burial, cremation, or removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ath ath	(res, no, or unknown) (11 yes give war or dates of service))
de:	743 11793 1770 1216-19-160) + T. Charl
the by the said	PART I, DEATH WAS CAUSED BY:
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bs thysign	Conditions If any which
e bu	gave rise to immediate
	cause (a), stating the underlying cause last. (c) Richard for Section (c)
faw atte hange	
The or cate us eattle	PERFORMED? YES NO
AN. String Stranger	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING NOTIFY MEDICAL EXAMINER)
hosp chec	
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, leading of the point of the p.m. 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 4 4 4 4 4 4 4 4
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ATTENDING retained by CTOR: Aften Should be vith the Staf	21. I certify that (I) (this hospital) attended the deceased from
short that	saw the deceased arive on19and that death occurred atM, from the causes and on the date stated above.
DOR TO DE LA MIRECO	228. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 12 22b. DATE SIGN
At a lay it and a	M.D. PHYS. DIRECTOR PHYS. /2 22/6/
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then play should be filled with the State Dept. of Health prior to burial, cremation, or removal,	NAME (TYPOSE LAPRIANTED 22d. ADDRESS & BHC
Page - FUN direction	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 K	Burial Dec 26,1967 Balto. National Cemt. Baltimore, Md.
(3)//	24. FUNERAL DIRECTOR ADDRESS 252 REOLD BY REGISTRAR'S SIGNATURE
VR A15 (4)	STERLING FUNERAL ESTATE 736 Edm. Av. DATE
20M 1/65 Z	



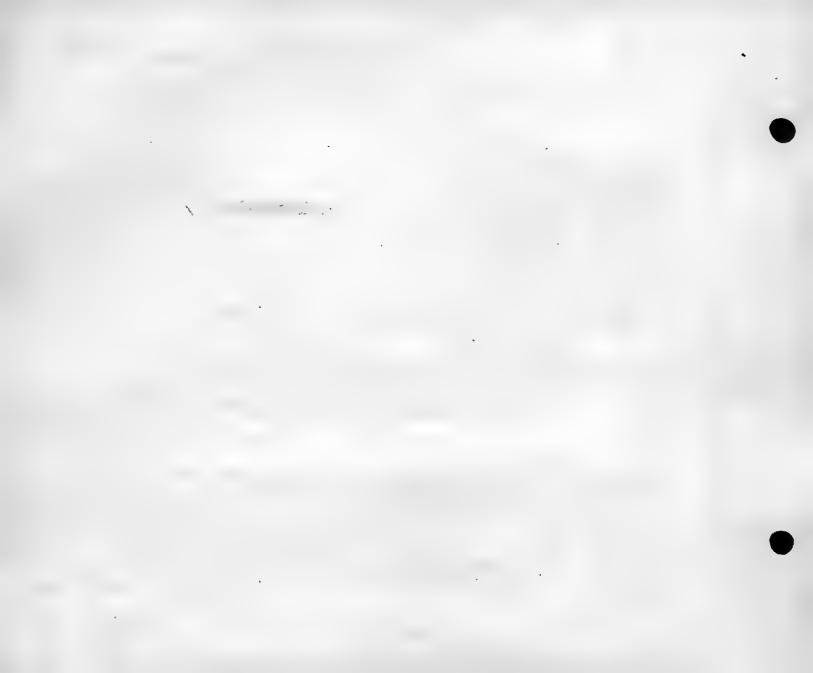
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16522 CERTIFICATE OF DEATH 16530 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY a. COUNTY Baltimore MARYLAND Maryland Montgomery cite c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) #PCDD4 c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 24 haurs Owings Mills 15 yrs. Kensington e IS RESIDENCI d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS campletely filled in papers. burial, crematian, ar removal, ond in any event, within 72 ON A FARM? Box 207 YES 🗌 NO Type Rosewood State Hospital The law requires that the death certificate be executed within 4 DATE Day Year 3 NAME OF Middle Last DECEASED GODEY Sally DEATH (Type or print) Ann attending physician and camplet permit. Then please remove car IF JNDER 24 HRS AGF (In years IF UNDER 1 YEAR B DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost by thday) Manths Days Hours 7/26/43 WIDOWED DIVORCED White Female 12 CIT ZEN OF WHAT 10o, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired)
Dependent INDUSTRY U.S.A Washington, D.C. none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patricia Rose Frances Roseberry Thomas Rasin Godey 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) Rosewood Records, Owings Mills, Maryland no none CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Page 4 moy be retained by the hospital or attending physician. DUF TO Canditians, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use e Dept. af Healt¶g CERTIFICATION MONGO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, (County) (Stote) (City or tawn) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While 19 at work ot wark 3 shauld be with the State . 1967, that \$() (we) last 21 | certify that (1) (this perpital) attended the deceased fram_ 19.52, to 12/31 1/10 19.67, and that death accurred at 11:00 % from causes and an the date stated above. saw the deceased alive of 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 1/2/67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Rosewood St. Hosp., Owings Mills, Md. Jones. M.D. NAME (Type) Richard directar, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION 23b. DATE THEREOF B. REMOVAL (Specify) Owines Mills Kusewood (emeterus 250. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE line & Sons Reister 1968 DATE JAN 20 M

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1653 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY o. STATE b. COUNTY RAYJA115 town MARYLAND b CITY OR TOWN (If outside corparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If Sutside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 1 Fimire 24 hour B. IS RESIDENC ON A FARM d NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street oddress W. Belvadera the attending physician and completely filled sit permit. Then please remave catban paper General NO S YES 🗍 law requires that the death certificate be executed within NAME OF Middle DATE Lost Month Year DECEASED OF 5. 2 -MORRIS 19 DEATH IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED birthdoy Hours mala WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME (dman 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCE S? 16 SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c),) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO paubis Conditions, if ony, which gove rise to immediate cause (a), ~- DUF TO as the stoting the underlying couse Page 4 may be retained by the haspital or attending this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION af Health r NO YES | far 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased fram___ 11-1-67.19 to /2 - 2 , 19 67, that (1) (we) last 19 6 7 and that death accurred at 1220/7M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS. director, page 22d ADDRESS 22c PHYSICIAN S NAME (Type) GENERAL 23o BURIAL, CREMATION 23b. DATE THEREO! 250. REC D BY REQUSTRAR 2Sb. 24. FUNERAL DIRECTO DATE OFC 5

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bafore edmission) a. COUNTY Baltimore a. STATE Md. **b.** COUNTY Baltimore **4**2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Towson vrs. Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM 69 Burke Ave 69 Burke Ave. YES NO 3. NAME OF Middle DATE Month DECEASED (Type or print) Lulu Todd Gore 12- 24- 1967 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years , IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours Aug. 18.1882 8 WIDOWED # Cauc. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Dorchester Co. Md. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Goldsmith Todd Mary Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) [[Hyesgivewar ordetes of service] Elsie G. Gore, 69 Burke Ave. Towson, Md. 21204 218-50-6263 Nο 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN USION OF CORONARY ARTER ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO ARTE RIOSCLEROSIS Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 38.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED; 20e, PLACE OF INJURY (Home, farm, 120f, (City or lown)) (County) (Steta) factory, street, office bldg., etc.) Hour a.m. While Not While at work | at work | 21. I certify that (I) (this hospital) attended the deceased from.... ... that (I) (wa) last saw the deceased alive on ..., and that death occurred at III. M, from the causes and on the date stated above. 22a. SIGNATURE 22b. ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN' 22d. ADDRESS 23a, BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 12-27-1967 Parkwood Baltimore, Md. 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Se. REC'D BY REGISTRAR AIS Wm. Cook-Brooks Towson, Towson, Md.



1/- 1	MARYLAND STATE DEPARTMENT OF HEALTH 1653 ADJUISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
2, and 3 ta Page no PM3	O COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceosed used if institution Residence before admission) O. STATE MARYLAND STATE MARYLAND
2, and 3 ta PM3 Page	b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY N 1b c (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RALTIMORO NUMBER OF STAY N 1b GRAPH OF
P. P	A MAMS OF HORDITAL OP INSTITUTION (If not in hospital give street address) If STREET ADDRESS If STREET ADDRESS
# Se life #	10 Earl Elem Ave 10 East Elm De 36 VES NO
fter death if Give Pages ang with far first State	3 NAME OF DECEASED (TYPE OF pure) PAUL TALBOT GOUSHA OF DEATH Dec 22 19 67
EXAMINER: This certificate shauld be executed within 24 haurs after death ecute the certificate, writing the ward "pending" in pencil in Item 18 Give Page Page 8 snauld be farwarded to the Chief Medical Examiner's Office along with ar your files. R.Page 3 shauld be used as a burial-transt permit Fle pages land 2 with the Stall, cremation, ar remayal, and in any event within 72 haurs after death.	SEX 6 COLOR OF RACE 7 MARRIED 8 DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR IF -NDER 24 HRS lost bythdoy) Months Doys Hours Mun
shauld be executed within 24 haurs after he ward "pending" in pencil in Item 18. Gista the Chief Medical Examiner's Office alang burial-trans t permit. Fle pages Land 2 with a any event within 72 haurs after death.	10a DE MADICIDATION (Corp. logistros vidas) 10b VIND DE RISCINESS OF 11 RIPTHOMAS (State or fore on colintry) 12 CITIZEN OF WHAT
nn 1 er's (Golfenployed Electrician Maryland U.S.A.
d within 24 in pencil in Examiner's File pages 72 haurs aff	13 FATHER'S NAME Charles Gausha Dena Hartman
d w in p Exa Fle	TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO 17. INFORMANT Address
ng" dreal dreal hin	Yes, no, or unknown) (If yes give wor or dotes of service) Yes
This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in the farwarded ta the Chief Medical Examiner's libe used as a burial-transit permit if the pages the remayal, and in any event within 72 haurs after the second of	INTERVAL BETWEEN, PART I DEATH WAS CAUSED BY INTERVAL BETWEEN, PART I DEATH WAS CAUSED BY OSET AND SEATH
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certification of the certifica	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES [] NO PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES [] NO PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
MEDICAL EXAMINER: This certificate shauld please execute the certificate, writing the ward rector. Page 4 shauld be farwarded ta the Cietained far yaur files. DIRECTOR: Page 3 shauld be used as a burial-train ta burial, crematian, ar remayal, and in any events to be successed.	PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Doy, Year Hour a m. PERFORMED? YES NO YE
INER: 1 be certific should b files. 3 should tian, ar r	CAUSE OF DEATH 20t TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State)
MEDICAL EXAMINER: olease execute the certi- a rectar Page 4 shauld etained far yaur files. DIRECTOR: Page 3 shaul r ta burial, crematian, an	Hour arm p.m. 19 of wark of others, street, office bldg, etc.) 200 Note of towark of wark of
EX. Page ar yo R:Pa	21 certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀 Inquiry, and in my opinion
AEDICAL ease exec rectar Prained far taburial,	deoth resulted from Notural causes 💽 Accident 🗌 , Suicide 🔝 Homicide 🔲 , Undetermined manner 🗌
MEDICA lease e. d rectar etained DiRECTO	ACTUAL CHIEF MEDICAL EXAM NER () DATE SIGNED ASSISTANT MED CA. EXAMINER () 22. DATE SIGNED
	EXAMINED'S DEPUTY MEDICAL EXAM NER
O DEPUTY MEDICAL EXAM necessary, please execute the the funeral a rectar Page 45 may be retained far yaur o FUNERAL DIRECTOR: Page Health priar ta burial, crema	NAME (Type) / JOHA C. H. T. Address (Street, city town, or county) 77 Both Rev. 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10(ATION (City or Town)) (County) (Stota)
5 5 ± 5 ±	REMOVAL (Specify)
VR A15ME (S)	Burial 112-27-1967 Baltimore Nat'l Cemetery altimore Co. Gla. 24 FUNERAL DIRECTOR ADDRESS 250 REC BY REGISTRAR'S SIGNATURE 250 REC BY REC
6M 1/67	Foo on Juneau Home 7401 Below Road DATE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16534CERTIFICATE OF DEATH 16526 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6vr9mths Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? 419 West Gate Road STATE SPRING G ROVE HOSPITAL YES NO The law requires that the death certificate be executed within NAME OF Middle First 4. DATE Lost Month Dov Year DECEASED Christine Alberta Grace (Type or print) December 19 DEATH and in any even SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years 7. MARRIED remave lost birthdoy) Doys Hours female white WIDOWED DIVORCED Nov. 14, 1907 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT lease during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please stenographer
13 FATHERS NAME Maryland 14 MOTHER'S MAIDEN NAME burial, crematian, or remayal, FICEASED UNKOWN DECEASED 15 WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes give wor or deces 16. SOCIAL SECURITY NO. 17 INFORMANT Address 216-18-3859 Records: STATE HOSPITAL SPRING GROVE THE CAUSE OF DEATH (Enter Ding of PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUS per line for (o), (b) and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH Massive pulmonary embolism Conditions, if ony, which gave rise to immediate couse (stating the underlying course PART II OTHER SIGNIFICAN TO HER OF THE PROPERTY OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS ALTOPS'
PERFORMED? director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health Fracture of ischium - three weeks YES X NO ATTENDING PHYSICIAN: 200 ACC DENT WAS UNDER TING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of Item 18.) detached (IF E THER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, T ME OF INJURY Month, Day, Year (City or fown) (County) (Stote) Hospital bldg, etc.) Not While ot work O FUNERAL DIRECTOR: After 21. I certify that \$\pm\()\$ (this hospital) attended the deceased from Feb. 27, 1 saw the deceased alive on Dec. 5 19 67, and that death occurred at 19.59 Dec. be retained M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED CCNOC M.D. DIRECTOR PHYS. PHYS GROVE SHATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Edward F. Wilson, M.D. Baltimore. Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BJRIAL, CREMATION, (County) (State) BALTIMORE L'ARYLAND 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DABEC AVE.



16528 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) I. PLACE OF DEATH o. COUNTY o STATE COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 119 days Baltimore Fort Howard d STREET ADDRESS e IS RES DENCI ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 601 Collett Street 21217 NO T Veterans Administration Hospital YES DATE NAME OF First Middle Lost Month Doy Year DECEASED (Type or print) HENRY SIDNEY GREEN DEATH Dec. 26 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE IXIX NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED last birthdoy) Hours Dec. 4, 1901 Male Negro WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Race Track U.S.A Porter Baltimore. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Matilda Brooks Thomas Green 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) [If yes give wor or dotes of service) 218 07 53 48 Clinical Reds. VA Hospital, Fort Howard Yes WW-1.1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART 1, DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) 7201 BUCKIK Conditions, if ony, which gove ARTERIOSCLEROTIC CORONARY THROMBOSIS rise to immediate cause (o), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO CEREBRAL ARTERIOSCIEROSIS WITH MULTIPLE THROMBOSES AND HEMIPARESIS 20b DESCRIBE HOW BAJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18 TIATERAL. 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc] Hour to.m. Not While at work at work Dec. 26, 19 67that (# (we) last Aug. 29 19 67. to 21. I certify that (X) (this haspital) attended the deceased fram 19 67, and that death accurred at 11:30 from causes and on the date stated above

saw the deceased alive an Dec. 26 22o. SIGNATURE 22 PHYSICIAN'S JOHN D. TALBERT. M.D.

22d. ADDRESS

Calhoun St

VA Hospital, Fort Howard, Md.

PHYS

23d LOCATION (City or Town)

22b DATE SIGNED 12/27/67

(Stote)

23o BURIAL, CREMATION,

23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Arbutus Cemetery

a.m.

DIRECTOR

Arbutus, Maryland 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

GEORGE KELSON FUNERAL HOME

Balto. Md

William 1/2 Strates

(County)

TO FUNERAL DIRECTOR: After this

requires that the death certificate be executed within 24 hours

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ATTENDING PHYSICIAN: The law



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	16536) Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1652	Ω.
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equires that the death certificate be executed within physician. signed by the attending physician and campletely fill burial-transit permit. Then please remave carban plurial, crematian, or remaval, and in any event, with	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 8 DATE OF BIRTH 9. AGE (In years last bithday) WIDOWED DIVORCED 12-12-1879 9. AGE (In years last bithday) WiDOWED DIVORCED 12-12-1879 9. AGE (In years last bithday) WiDOWED DIVORCED 12-12-1879 9. AGE (In years last bithday)	
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dea trenc rmit r, or	(Yes, no, or unknown) (If yes give war or dotes of service) 220-54-300) SR. M. Kathloga Hlan are	md.
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rw r ding ding the tro	stoting the underlying cause (c)	
: The law re in attending e has been use as the offh priar to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	9 WAS AUTOPSY PERFORMED? YES NO
DIOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed age 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached for use as the burial-transit permit. Then please remove can should be filed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event	200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 306 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this the head	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) While Not While street, office bldg, etc.)	(Stote)
by by the Stat	21 I certify that (I) (this haspital), attended the deceased fram with 1966, to Attended, 1967,	that (1) (we) las
rent ned ned nuld the	saw the deceased alive on 1957, and that death occurred at 215, M, from causes and an the de	ate stated above
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	220. SIGNATURE LIGHTLE STAFF 22b. DATE SIGNATURE LIGHTLE STAFF 22b. DATE SIGNATURE M.D. ATTENDING DIRECTOR STAFF 12/3	GNED
DIRE DIRE	72c PHYSICIAN'S DIRECTOR PHYS. DIREC	. 6'/
PITAL I may ERAL or, pa	NAME (Type) HENRY MCCOURTS MD Phoches, Md 21/3	j
10 HOSPITAL Page 4 may O FUNERAL director, pag	230 BURIAL (REMATION, PSD DATE THEREOF 234 NAME OF CEMETERY OF CREMATORY 234 LOCATION (City of Town) MOUNT REMOVAL (Specify) DEC 2/967 DISTERS LEMETERY CLEVERM MA	ty) (Stote) RYAND
2 2 2 T	24. FUNERAL DIRECTOR	UR Judge

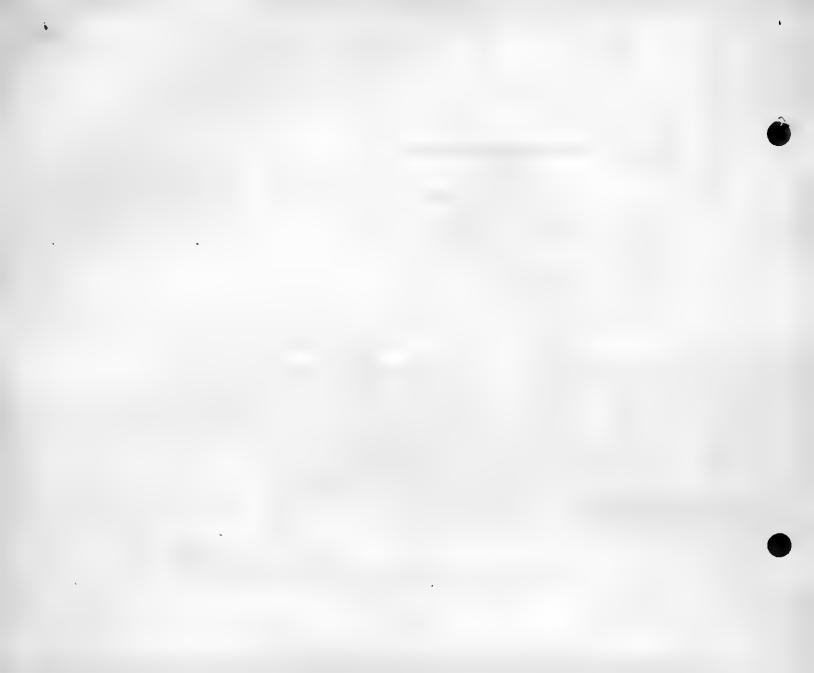


4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7		CERTIFICATE OF DEATH
ofter death the funeral and 2 after eath.	1	PLACE OF DEATH o. COUNTY Delicitore MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY 3 1 till 2009
urs after		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Rur 1 Ringle COVID
filled in 17 ho		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS o IS RESIDENCE ON A FARM? YES NO IS
d within	3	NAME OF First Middle Lost 4 DATE Month Day Year OF DECEASED (Type or pnnt) 1.1301 A. Gries DEATH December 4, 19 37
execute d camp mave ony eve		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last builded) Nonths Days Hours Min.
ate be cian an ease re	dı	to. USUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired) Contractor 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) Contractor 12. CITIZEN OF WHAT COUNTRY? Lianyland USA
certifica g physi fihen pl		Arnold J. Gries 14. Mother's Malden Name liary Triplett
death Itendin Simit.	()	S WAS DECEASED EVER IN L S ARMED FORCES? (es, na, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address LIPS. Frances Gries Randellstown 11d
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon mapers. Proceed and should be filled with the State Dept. of Health priar to burial, tremation, or remayal, and in any event, within 17 that's after leath.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DUE TO Conditions, if only, which gave is to immediate cause (o), stating the underlying cause INTERVAL BETWEEN ONSET AND DEATH Conditions, if only, which gave is to immediate cause (o), stating the underlying cause INTERVAL BETWEEN ONSET AND DEATH Conditions, if only, which gave is to immediate cause (o), stating the underlying cause
: The law ir attendir e has bee use as th	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \[\] NO
rsician aspital o certificat hed for it, af He	d CERTIFICATION	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II ar Part
NG PHY y the b ier this e detac	MEDICAL	pm 17 arwark L arwark L 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to		21. I certify that (I) (this haspital) attended the deceased from april 19 67, and that deceased alive on 19 67, and that death occurred at 4:00M, from couses and on the date stated abave. 220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED PHYS DIRECTOR PHYS DIRECTOR PHYS 12-5-67
PITAL C I may by ERAL DI ar, page	The same	22c. PHYSICIAN'S J. Darrell 22d. ADDRESS Liberty Rd Randallstown
TO HOSPITAL TO HOSPITAL TO FUNERALING TO FUNERAL		Bur AL, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 12-7-57 (132-3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
25M 1/67	1	Harry W. Harakt stykesville Mrd. DATEDEC 11 1961 &



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16533 16531 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
For Howard 30 days Baltimore requires that the death certificate be executed within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 1117 Harlem Avenue Veterans Administration Hospital 3. NAME OF First Last 4 DATE Month DECEASED GRIFFIN LEONARD Dec. 25 67 19 DEATH IF JNDER I YEAR S SEX 6 COLOR OR RACE 7. MARRIED KX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED birthday) 4/5/89 Negro Male WIDOWED DIVORCED 10a USUA: OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Butcher Baltimore, Md. House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pl burial, cremation, or removal, Samuel Griffin Mamie Griffin IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) 214 03 11 96 Clinical Rcds, VA Hospital, Fort Howard Md Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: RECEDIL INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave ARTERIOSCLEROTIC HEART DISEASE nse ta immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ABSCESS, RIGHT LUNG NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) O FUNERAL DIRECTOR: After this MED Hour a m factory, street, office blog, etc.) Nat While NOV. 20 O/ to Dec. 2019 b (that All we) lost 21. I certify that (I) Athis hospital) attended the deceased from sow the deceosed alive on Dec. 23 9:29M, fram causes and an the date stated above and that death accurred at. 22a SIGNATURE 22b DATE SIGNED XX STAFF M.D. director, poge should be filed PHYSIC AN'S MAME (Type) 22d ADDRESS J. D. TALBERT, M.D. VA Hospital, Fort Howard, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (State) REMOVAL (Specify) Baltimore, Maryland Baltimore National ADDRESO 4 Orleans St 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ELROY WILSON FUNERAL HOME Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1653) MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	PLACE OF DEATH O COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lved, if institution Residence before admission o STATE Maryland COUNTY Calvert	nj
Lary delay is 2, and 3 ta PM3. Page epartment aff	b CITY OR TOWN (If outs de carporate limits, write RURAL and give neorest town) write RURAL and give neorest town) 2 yrs. CITY OR YOWN (If outs de carporate limits, write RURAL and give neorest town) Prince Frederick	
th It any del iges 1, 2, and farm PM3.	d NAME OF HOSP TAL OR INSTITUT ON (1 not in hosp ta, give street address) Rosewood State Hospital d. STREET ADDRESS on A FAI YES	ENCE IRM2 NO 🔀
dea re Po with	3. NAME OF First Middle Lost 4 DATE Month Day Year DECEASED (Type or pnnt) Vera Bernice GRIFFITH DEATH 12 6 19	67
rs after d 18 Give e along w 2 with the	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost buthday) Months Days Hours Female White WIDOWED DIVORCED 10-23-21 16 Yrs.	24 HRS Min
	10a USUA, OCC. PATION (Give kind of wark done during most of working life, even if refired) 10b. KIND OF BUSINESS OR live to foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U.S	.A.
d with.n 24 h in penal in It Examiner's O File pages Ic and in any e	13. FATHER'S NAME Robert Carl Griffith (D) Hattie Louise Brooks (D)	
xecuted with the secure of the	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) none Rosewood Records, Owings Mills, Maryland	
INER: This certificate shauld be encertificate, writing the word "pershould be farwarded to the Chief Fles Should be used as a burial-transit ship priar to burial, crematian, ar reserved.	200 EXTERNAL CAUSE WAS PRIMARY & or CONTR BUTING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18)	ays ays psy D? NO
TO DEPUTY MEDITAL EXAM necessary, please execute it the funeral directar. Page 4 5 may be retained for your provided for the funeral directors. Page 5 may be retained for your provided for your provided for the funeral directors.	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined monner ACTUAL SIGNATURE	SIGNED (7



26 1	Item 18 Film 397 2-1-68 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		16540			CERTIFICATE OF DEAT		3.3
HEALTH DEPT.	ī.	LACE OF DEATH			2. USUAL RESIDENCE (Where deceo		
		COUNTY BALTIMORE	AAA 1940 AA	le.	o. STATE Maryland	h COUNTY	LTIMORE
Pag 39	-		MAKTLAF		c. City OR TOWN (If autside corpore		
if any delay is and 3 to and 3		CITY OR TOWN (If autside carporate lim write RURAL and give nearest town)		U		imore 21234	e neorest rown)
5 %		, NAME OF HOSPITAL OR INSTITUTION (IF			d. STREET ADDRESS		e IS RES DENCE ON A FARM?
		1705 Taylor Av	enue		1705 Taylor	Avenue	YES NO TO
£ \$ £	3	IAME OF	First Middle		lost 4 DATE	Prohibunes d	Day Year
the William		(Yee or print) D	ONALD MICHAE	T.	GRIM OF DEATH	Da a sask sas	28, 1967
Giv Giv ang th 1	5					AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS
within 24 haurs after death n penal in Item 18. Give Page Examiner's Office alang with File pages 1 and 2 with the Stat 2 hours after death		Male White	WIDOWED DIVORCED		July 27, 1967.	ost birthday) Months	Poys Hours Min.
and and de	1Do	USUAL OCCUPATION (Give kind of work dan	e 1Db KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (State or foreign of	ountry) 12 CIT	TIZEN OF WHAT UNTRY?
24 in line is a second		g mast of warking life, even if retired) None	INDUSTR'I		Maryland		USA
cul iner iner	13.	FATHER S NAME			14 MOTHER'S MAIDEN NAME		
with pen cam cam le p		Thomas	S. Grim			Reeda Haman	
A E E E	15	WAS DECEASED EVER IN U.S. ARMED FORCES	2 16 SOCIAL SECUR TY NO		NFORMANT	Address	
in min	fi	WAS DECEASED EVER IN U.S. ARMED FORCES , no., at unknown) (f yes give war or dates	None	Mr	. Thomas S. Grim	(S	lame)
MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Popes I director Page 4 should be farwarded to the Chief Medical Examiner's Office along with faretained for your files. **DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or to burial, cremation, or remayal, and in any event within 72 hours after death		Conditions, if any, which gave	1 * L + L L d al al al al		phenmonittis///(s		INTERVAL BETWEEN ONSET AND DEATH
This certifications, writing be farwarded be used as a remayal, and	NO.	Mass. PART I OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a)	19 WAS ALTOPSY PERFORMED? YES X NO
his orte, e fo be t	Ž						YES X NO
INER: To the control of the control	CERTIFICAT	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH	20b DESERIBE HOW INJURY OCCU	IRR ED	Enter nature of intury in Port I or Par	t II of item 1B)	
MEDICAL EXAMINER: lease execute the cert director. Page 4 shauld stained far your files DIRECTOR: Page 3 shaul ta burial, crematian, on	MEDICAL	20c TIME OF INJURY Manth, Day Year Hour a.m p.m 19	While - Not While -		E OF INJURY (Home, farm 2Df ary, street affice bldg , etc.)	(City or town) (Cou	nty) (State)
L EXA ecute Page ar yau R:Pagi		21. I certify that I took char-	ge of the remains described abov	/e, he	ld an Autopsy [X]. Inspect	an , Inquiry ,	and in my apinton
A S S S S S S S S S S S S S S S S S S S			ral causes 📆 . Accident 📃			ndetermined manner	, ,
Section of the property of the					CHIEF MEDICAL EXAMINER		4
der der tr		ACTUAL SIGNATURE	1. I want	-	M.D. ASSISTANT MEDICAL EXAMIN	ER X	22. DATE SIGNED
AN SE SE STATE			S-ul		DEPUTY MEDICAL EXAMINER		
TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page >Health prior to burial, crema	- 00	tvante (18be)	. Springate, M.D. HEREOF 23c NAME OF CEMETER		Address (Street, city, town,	or county) December	r 28, 1967
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURIA., CREMATION, 23b DATE TO REMOVA (Specify) 12/30	/67. Moreland M		rial Cemetery	Baltimore, M	(Caunty) (State)
VR ALSME		FUNERAL DIRECTOR	ADDRESS		2So REC D BY REG STE		IGNATURE
6M 1/67	IA	onard J. Ruck, Inc	. Balto. Md. 21214		DATEJAN 2	1988	may Day of the
7 -148	7					· · · · · · · · · · · · · · · · · · ·	(0



1	ı	MARYLAND STATE DEP. 16541 DIVISION OF VITAL RECORDS, 301 W. PRESTO			
		10022	OF DEATH		534
by the Lineral Pages 1 and aurs after death	1	PLACE OF DEATH O COUNTY Baltimore County MARYLAND O CITY OR TOWN (IT outside corporate limits,	o. STATE Mary	Where deceased lived, if institution: Resider b COUNTY 1 and Ba Iside corporate limits, write RURAL and give	ltimore
		write RURAL and give neorest fown) Parkville	Park	ville	
lled in 724 h	L	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2933 Willoughby Road	d STREET ADDRESS 2933 Will	loughby Road	e. IS RESIDENCE ON A FARM? YES NO
l withi efely f arbon it, with	3.	NAME OF First Middle DECEASED (Type or print) Filen Brady Groves	Lost	4 DATE Month	Doy Year
executed d cample mave co	S	F WIDOWED DIVORCED	8 DATE OF BIRTH 10/1/1882	9 AGE (In years IFUNDER last birthdoy) Months	
ite be to	dur	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) at home	11. BIRTHPLACE (County &		TIZEN OF WHAT DUNTRY? LS A
certifica I physic hen pla naval,	13	at home	14 MOTHER'S MAIDEN N	IAMÉ	
death tending rrmit. 1		s, no, or unknown) (If yes give wor or dates of service)	nformant daughter	Address 2933 Willo	uabby Rd
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-trans't permit. Then please remave carbon pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72-h		The Cause of Death (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	n - Hyper	Henseil	INTERVÁL BETWEEN ONSET AND DEATH
trhe land attended to the hose of the hose	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN Ispital a ertifica ned for	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBU	(Enter nature of injury in F	Part II or Part II of item 18)	
NG PHY y the ho er this o e detact are Dep	MEDICAL	Hour e.m. 19 While Not While foci	CE OF INJURY (Home, form tory, street, affice bldg., etc.)		ounty) (State)
HOSPITAL OR ATTENDING ge 4 may be retained by t FUNERAL DIRECTOR: After rector, page 3 shauld be of mauld be filed with the State		21. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on 12/17 1967, and the	t death occurred of	A15 P.M. from couses and on t	he date stated above
L OR A DIRECT DIRECT Series 3 slilled with the series of t		22c. PHYSICIAN'S Malhon James MI	ATTENDING PHYS 22d, ADDRESS	MED STAFF DIRECTOR PHYS	/18/67
PITA may may may may		NAME(Type) Dr. Nathan Janney	7101	Harford Road	
= =		BURIAL CREMATION, REMOVAL (Specify) DUT 1 1 12/21/67 Parkwood FUNERAL DIRECTOR ADDRESS	2So RFCD	23d LOCATION (CITY or Town) Parkville, Ba BY REGISTRAR, J. 2Sb. REGISTRARS S	SIGNATURE
VR A15 (4)		HAS. F. EVANS & SON 8802 Harford	Road UF	C 2 2 1967	two Jungan



/ , ,	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1553	5
HEALTH-DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before	re admission)
र व्यक्ति क	o COUNTY BALTIMORE MARYLAND STATE Maryland b. COUNTY BAI	TIMORE
delay and 3 t	b CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town) Riderwood Riderwood	st tawn)
2, and PM3 portin		
- /4 //07 - /	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e IS RES DENCE ON A FARM?
ges far far ate	St. Joseph Hospital 7906 Roldrew Avenue	YES NO
hin 24 haurs after death 1 nat in Item 18. Give Pages niner's Office alang with far pages land 2 with the State urs after d≡ath.	3 NAME OF First Meddle Lost 4 DAYE Month Do OF CONSTANCE C GUNTHER DEATH December 2.	
Give ng h	(Type or print) CONSTANCE C GUNTHER DEATH December 2: S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In yeors FUNDER LYFAR	L, 19 67
s offi 18. ald ald with.	Female White WIDOWED D VORCED June 19,1920 lost bribdoy) Months Doys	Hours Min
haurs Item 18 Office (I and 2 v	THE ALCOHOLDER OF THE PROPERTY	F WHAT
24 F in the r's O es To	during most of working life even if preired) Clerk TO KNO OF BUSINESS OR THE BIRTHPLACE (Stole or foreign country) California	!
hin natil	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 wrthin per Exam File	Leroy P. Collins Constance J. Jones	
rted Final F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address	
e shauld be executed within 24 haurs after death. If the ward "pending" in pencil in Item 18. Give Pages 1, to the Chief Medical Examiner's Office along with farm burial-transit permit. File pages land 2 with the State Dein any event within 72 haurs after douth.	Wm. E. Gunther Cockeysville, Md. 18 CAUSE OF DEATH (Enter on y one couse per line for (o). (b). ond (c))	TERVAL BETWEEN
e e l pen ef h nsrt	PART I, DEATH WAS CAUSED BY	NSET AND DEATH
shauld be e ne ward "per a the Chief ! burral-transit 1 any event v	Multiple traumatic injuries 8/64 Multiple traumatic injuries	
wa the urial any	Conditions, if ony, which gove) (b)	
te s the d to d to lin	rise to immediate couse (a), Stoting the underlying couse DUE TO	
ficati iting transcribed ard as a	last. (c)	
ER. This cert ficate shauld certificate, writing the ward ould be farwarded to the Ches. es. hauld be used as a burial-transition of the ches.	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
This ate, be to be		YES X NO
	200 EXTERNAL (AUSE WAS PRIMARY OF CONTRIBUTING DICAUSE OF DEATH 200 DESCR BE HOW INJURY OCCURRED (Enter notions of injury in Port 1 or Port 1 of tent 1B) Driver in auto-auto collision	
7	V SO THE STATE OF	(Stote)
EXAMINER: tute the cert age 4 shault your fles. Page 3 shau crematian, a	9:06 pm 12-21 1967 at work of work of work street. Towson Baltime	ore Md.
AL EXA. execute or. Page . I far yau TOR: Paga rral, crem		d in my apinia
MEDICAL vieldse executed director. Petained for purector to burral, to burral,	death resulted from Natural causes	
MEDIC please directo directo DIREC r fa bu	ACTUAL CHEF MED CAL EXAMINER	22. DATE SIGNED
IV N	SIGNATURE MD ASSISTANT MEDICAL EXAMINER LA	
necessary, please execute the the funeral director. Page 4 sl 5 may be retained for your for the thealth prior to burial, cremating	EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER December 22 Address (Street, city, town, or county)	., 1967
o DI The 1	230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (Count	y) (Stote)
E2	REMOVAL (Specify) Birial 12/23/1967 St. Luke, S. Cemetery Fine Creek Mills V. 24. FUNERAL DIRECTOR, ADDRESS, A 1/250. REC'D BY REGISTRAR 256 REGISTRAR 3 SIGNATURE.	1.00
VR A15ME (5)		redale
6M 1/67	mutchell-Wiedefeld forme 6500 but Rd Jawron, Hall DATDEC 29 1961	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16543 CERTIFICATE OF DEATH i 0536 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS pepel in ON A FARM? Great YES №0 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middre DATE Month Dov Year DECEASED OF DEATH Dec 20 Type or print carl and in any event, Sydence DATE OF BIRTH AGE (n years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours cau WIDOWED gug 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a Ien please I during most of working life, even if retired) MARYAI ACCOUNTANI 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na_or unknown) (If yes give war ar dates of service) -9880 10 DUNDAUK signed by the a burial-transit pa INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave (b) nse to immediate cause (o), DUF TO ied far use as the L Laf Health priar to b stating the underlying cause has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO certificate 20o ACCIDENT WAS JNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form 20c TIME OF IN. JRY Month, Doy, Year 2Dd INJURY OCCURRED (City or town) (County) (State) MED Hour a.m. Not While foctory, street, affice bldg., etc.) to XOC 20 % 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Dec. director, page 3 shauld shauld be filed with the FUNERAL DIRECTOR: saw the deceased glive on Rec. 20 46, 1967, and that death accurred at 4700 M, fram causes and on the date stated above. 220 SIGNATURE DATE SIGNED ATTENDING 20 M.D PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREO! (County) (Stote) SEMOVAL (Specify) MID AM UAMIN COUG-ATE 0 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DUNDATUR



47		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
-/	. 2	16544 CERTIFICATE OF	DEATH 16537				
	24 hours after death. d in by the funeral ppers pages and 2 72 hursther beath.	C. COUNTY BALTIMORE MARYLAND C. S	UAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland b. COUNTY Baltimore	per "			
	by the	xxxxxxxxxx Randallstown 29 days	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	in 72 h		REET ADDRESS 5454 Addington Road 0 IS RES DENG ON A FARM YES NO				
	dietery in the carbin with with	3 NAME OF First Middle DECEASED (Type or print) KXXX Frances B. Hall	Last 4 DATE Manth Day Year OF 12. 27 19 67	— 7			
	and completed co	5 SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE (Female White WIDOWED DIVORCED XX	OF BIRTH 12/18/78 A 'In years IF JNDER I YEAR IF UNDER 24 IF JNDER 1 YEAR IF UNDER 24 Wanths Days Hours A	Min			
	e be er an and ose ren nd in o	10a USUAL OCCUPAT ON (Give kind of work done lob KIND OF BUSINESS OR III. BII	IRTHPLACE (County & State, ar fore intry) 12 CIT ZEN OF WHAT COUNTRY?				
	physici nen ple oval, o	13 FATHER'S NAME 14. MC	NOTHER'S MAIDEN NAME Aarv Owens				
	by the hospital or ottending physician. The hospital or ottending physician. If the this certificate has been signed by the attending physician and completely filled in the detached for use as the buriol-transit permit. Then please remove before paper State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)					
	of the at risit per motion	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) REPLY OF A SUL	LLE METRICA INTERVAL BETWEE ONSET AND DEAT	EN TH			
_	ysician ned by nol-tro	Conditions, if any, which gave) DUE TO FRACELEURE /	lip, Left				
	w required by the purity of th	rise to immediate cause (a), stating the underlying cause last.					
	by the hospital or ottending physician. by the hospital or ottending physician. firer this certificote has been signed by be detoched for use os the burnol-tron State Dept. of Health prior to buriol, cre	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	PERFORMED?	Y ? E]			
	PHYSICIAN: e hospital or his certificote troched for u Dept. of Heoft	20% ACCIDENT WAS UNDERLYING (Enter no OR CONTRIBUTING PACAUSE OF DEATH (IF ETHER, NOTIFY MED CAL EXAMINER)	ature of injury in Part I or Port II of item 18)				
	3 PHYSIC the hospi this certi detoched e Dept. o	To time of injury Month, Day, Year 20d Injury Occurred 20e Place of injury Occurred 40ur a.m. While Nat While factory, street	VIJRY (Home, farm, 20f (City or town) (County) (Statet, affice bldg, etc.)	te)			
		2) I certify that (I) (this baspital) attended the deceased from (1)	h accurred at 1/200M, fram causes and an the date stated a	a) las			
•	OR ATTENI be retoined DIRECTOR: A ge 3 should ed with the	220 SIGNATURE	TENDING MED. STAFF 22b. DATE SIGNED YS DIRECTOR PHYS. 22b. DATE SIGNED 12 - 27 - 6	7			
	May be RAL DII		2d ADDRESS				
	TO HOSPITAL OR ATTENE Poge 4 may be retoined TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATO BURIES 12/30/67 Hely Cress	ORY 23d LOCATION (City or Town) (County) (Stote Anne Arundel Co. Md.	в)			
	VR A15 (24. FUNERAL DIRECTOR Culles Funeral Home 237 Patapace Ave.	250 REC'D BY REGISTRAR 256 REGISTRARS SIGNATURE	LR.			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 654 13538 ond 2 death. requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) a COUNTY physician and completely filled in-by the turn physician and carbon pagers. Pages 1 MARYLAND C LENGTH OF STAY IN 1b. OR TOWN (M outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN TIF outside corporate imits. write_RURAL and awe negrest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS NO YES NAME OF Middle DATE Year Last Month Dov OF DEATH DECEASED 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost burthday) Months Davs Hours cremotion, or removal, and in any WIDOWED DIVORCED 106. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane 1) BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY FATRER'S NAME 14 MOTHER'S MAIDEN NAME the ottending phys INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY burial-transit -ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO buriol, Conditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** stating the underlying cause the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT-FICAT ON NO YES for 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While Stow 10 , 196) that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from. 19 6), to Poge 4 moy be retoined and that death accurred at 300 AM, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIQNED ATTENDING PHYS DIRECTOR ALD. PHYS. 22d. **ADDRESS** 22c. PHYSICIAN S. NAME (Type) 100 00 60 to 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 12-15-1967 Arbutus Mem. Park Baltimore, Maryland 2Sb _ REGISTRAR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15, (4) Arlington S. Phillips 1727 N. Monroe Street 20 M 1766



1	16546 CERTIFICATE OF DEATH 16539
1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before a dm
	Baltimore Manyland b. COUNTY Baltimore
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
	write RURAL end give neerest town Rodgers Forge - 21212
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESID
	249 A Rodgers Forge Rd21212 249 A Rodgers Forge Rd. VES N
3	NAME OF First Middle Last 4, DATE Month Day Year DECEASED
	(Type or print) WILLIAM BERTRAM HANAUER, Jr. December 8, 196
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR if UNDER 24 Isast birthday) Months Days Hours
_	Male Will be widowed Divorced July 11, 1892 75 ym.
10	On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foraign country) 12. CITIZEN OF WHAT COING during most of working life, even if ratired)
- 1	PROGRAM DIRECTOR RADIO STATION, RETIRED, BALTIMORE MARYLAND W.S. /
"	
1	William Bertram Hanauer Emma M. Seidler 5. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16 SOCIAL SECURITY NO. 17. INFORMANT Address
0	Yes World War I 212-09-2751A Mrs. Beth T. Hanauer-249 A Rodgers
	18. CRUSE OF DEATH (Entar only one cause cer line for (a), (b), and sch
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) AT MATELY PRINCE WILLIAM (1)
	DUE TO (1) +
	Conditions, if any, which \ (b) AY CARAZ CUT MIC (1)
	gave rise to immediate cause (a), stating the underlying DUE TO
	cause lost. [c]
ă	PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT
CERTIFICATION	Millimatic H. D. Cin Rites Blank. YES IN
ETE	208. ACCIDENT WAS UNDERLY NG 206. PESCRIBE HOW INJURY OCCURED. [Enter nature of in any in Part I or Part I, of item 18.] OR CONTRIBUTING CI CAUSE OF DEATH
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. Whila Not Whila factory, street, office bldg., etc.)
ME	
	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on 11. 1.5. 19.6.7., and that death occurred at 1/ AM. from the causes and on the date stated a
	ATTENDING MED. STAFF
	22c, PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS 2
	NAME (Typo) C. EDWARD LEACH 14 E. Eager At - 12-9-
2	38. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State
	Cremation Dec. 9, 1967 Greenmount Crematory Baltimore, Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 256,
-	H. Sander & Sons, Inc. Belto., Md. DATE DEC 12 1967 formers from

X

A 2 ye	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	1 * 50 2	16547 CERTIFICATE OF DEATH 15540
	death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	d hours after a hours a hour	RAITIMORE MARYLAND MARYLAND BATOMORE
	ages after	D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	hours d in b rs. Pe	10WSON 18DAVS BAITIMORE MARYIANA.
	Paper Paper 272	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree address) d. STREET ADDRESS Creater Baltimore Medical Center 2728 Miles Ave ves no?
	mithic carbon int, with	3. NAME OF DECEASED (Type or print) MAYIC S. HATTING TON DEATH 12 3 1967
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be fill with the State Dept. of Health prior to liurial, cremation, or removal, and in any event, within the state of the state	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED DIVORCED 4-3-/2 55 yrs.
	an a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, eyen if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, eyen if retired)
	e be	Housewife MrgINIA 4.3,
	ficat ficat phy en p	13. FATHER'S NAME
	ding The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	that the death certificate be sician. gred by the attending physicial al-transit permit. Then please al, cremation, or removal, and i	(Yes, not or unknown) (If yes give war or dates of service) NA TO BMC Admission Sheet TO BMC Admission Sheet
	the d	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 1966 - 1965
	at the san. day of by day. crei	PART I. DEATH WAS CAUSED BY: CAR CONOMA Of the pladder c mulhple 1964 - 1965
	s than systematically standard in the systematical system	DUE TO PUMMONATY F BONY METABASKS
	uire g ph an s bu	Conditions, If any, which gave rise to immediate (b)
	The law requires or attending phy cate has been sign use as the buricell full prior to liuri	cause (a), stating the DUE TO underlying cause last. (c)
	law atter has has e as e as	
	The or or user use	YES NO NO
	PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed betached for use as the burial-tran m Dept. of Health prior to liurial, cre	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	r PHYS	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	ATTENDING retained by CTOR: After S should be with the Stat	p.m. 19 at work 1 at work 1 21. certify-that () (this hospital) attended the deceased from // / / 3 , 19 6 2, that () (we) last
	TEN Taine Took: Houl	saw the deceased alive on 12 3 19 2, and that death occurred at 5752M, from the causes and on the date stated above.
	A AT AT SECT SECT With With	22a. SIGNATURE , 1/2b. DATE SIGNED
	L OR ay be olike	M.D. PHYS. DIRECTOR PHYS. A 1/2 3
	TO HOSPITAL (Page 4 may To FUNERAL Odirector, page should be file	NAME OSPOED URGADAS. KULKARNI GBMC. Balto 4 1110.
	Page Page of Fe Shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	F (F T)	Burial 12/5/1967 Holly Hill Cemetery Burians of the Holly Hill Cemetery
	im ale (a)	Eugenia K. Seitz 5209 York Rd.
	VR #15 (4) - 20M 1/65	Seitz Funeral Home Balto. Md. 21212 DATE UCUA



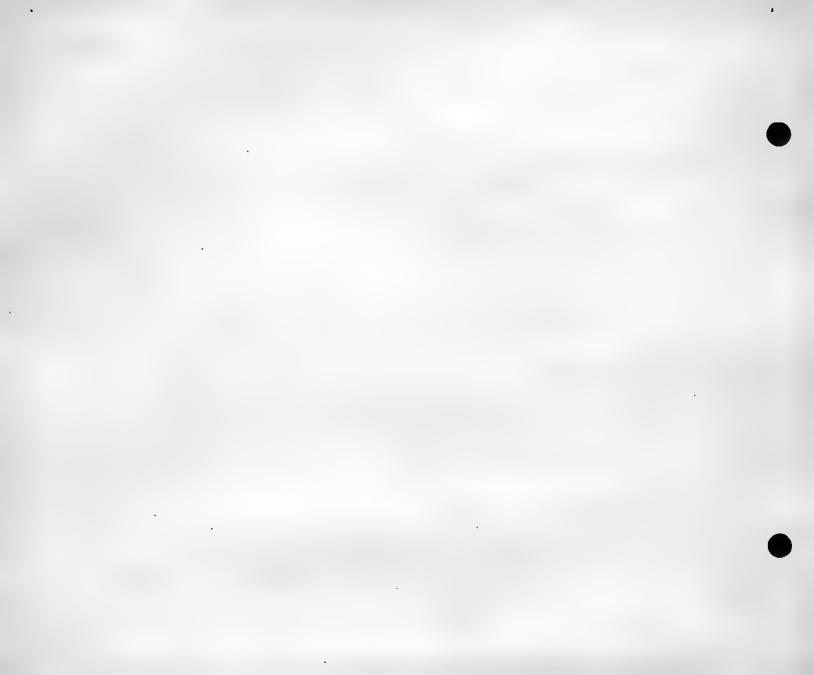
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. LISUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. CDUNTY a. STATE b. COUNTY Baltimore Baltimor e MARYLAND Mary Land funeral may be CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL end give neerest town) Owings Mills 2 months Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) S d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11009 Reisterstown Road 11009 Reisterstown Road NAME OF First Middle DATE DECEASED (Type or print) Theodore Earl. Harris DEATH 16 December 2 with within 6. CDLOR DR RACE | 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED Jast birthday) Months White May 31.1890 Male WIDOWED T event EXAMINER: This certificate should be executed within 24 hours after deal ecertificate, writing the word "pending" in pencil in Item 18. Give Parhould be forwarded to the Chief Medical Examiner's Office along with IDe. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Reilroad Worker Pennsylvania R.R. Baltimore Co... U.S.A. any Md. pages in any 13. FATHER'S NAME Troyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT 1314 Nelson St. (Yes, np. or unkown) (If yes give war or dates of service) 716-01-8358 Mrs. Ruth Showelter Richmond 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] DNSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or Coronary Occlusion unknown IMMEDIATE CAUSE (e) DUE TO Hypertensive Arteriosclerotic C-V Disease Conditions, if env. which gave rise to immediate DUE TO cause (e), steting Diabetes YTS. underlying cause lest. used as to burial PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) CERTIFICATION WAS AUTDPSY PERFORMED? YES [NO P 3 should be agent, prior 1 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II) of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. NONE none MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street office bldg., etc.) e.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my ppinion a, DIRECTOR: **Undetermined manner** death resulted from: Natural causes K1. Accident Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for or FUNERAL Hanover Rd. Reist 12-18-67 Caples, M. director. **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION.I DATE THEREDE NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) 50 REMOVAL (Specify) 2 Baltimore Cemetery Baltimore, Maryland ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AL5ME Owings Mills, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1654 10542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on o. COUNTY o STATE b COUNTY delay is and 3 to Page MARYLAND 1627 N. Broadway, Balto 13 Maryland C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest own) Baltimore b CITY OR TOWN (If outside corpcrote im ts, artmen c LENGTH OF STAY IN 1b. and wr te RURAL and give neorest town) 2, and PM3 B IS RES DENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS alang with farm State De NO [] in Item 18. Give Pages 7620-York Rd. Balton YES Hospital Josephs. 4. DATE NAME OF Middle Year DECEASED OF 19 67 (Type or print) DEATH Lillie Harrison UNDER 24 HRS S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours any event within 72 haurs after death. Female colored W DOWED DIVORCED 60 4-11-1907 Office 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME Day work 13. FATHER'S NAME This certificate should be executed within in pencil Ф Levin Teagle aura Teagle 17 INFORMAN Address 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO please execute the certificate, writing the word "pending" i I director Page 4 shauld be farwarded ta the Chief Meaical (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per ing torzier, (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE FG Conditions, if ony, which gove use to immediate couse (a), _ DUE TO stoting the underlying couse ond lost removal, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of item 18) 3 should Б MEDICAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form f(ty or town) (County) (Stote) Hour p.m. foctory, street, office bldg, etc.) While Not While FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry Inspect on 1 ond in my opinian death resulted from Undetermined manner Notural causes Accident Suic de Homic de be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE **DEPUTY MEDICAL EXAMINER EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) O'Donnell 0 25b REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR VR ATSME 6M 1/67



X.	1	-	MARYLAND STATE DEPARTMENT OF HEALTH 16550 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	•
			CERTIFICATE OF DEATH 16543	
	ir death.	1	PLACE OF DEATH o. COUNTY Baltimore Maryland 2. USUAL RESIDENCE (Where deceased rved, if institution Residence before odd on STATE Maryland	nission)
	24 haurs after to person person pages 1		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard ABOUTTOWN (If outside corporate limits, write RURAL and give nearest town)	m)
	F (18)	3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Veterans Administration Hospital 225 N. Carrollton Avelue VES	RESIDENCE A FARM?
	within tely fulls poor poor poor poor poor poor poor poo	3	3. NAME OF First Middle Lost 4. DATE Month Day	Year
	e executed wit and completely remave carboi in any event, wi	Š	(Type or print) 1. SEX OF OR OR RACE 7 MARRIED NEVER MARRIED TO R SATE OF SIRTH 19. AGE (In years 1 If UNDER 1 YEAR 1 If L	19 67 NDER 24 HRS
	execu and cor emav any e	-	Male Negro widowed Divorced 2/13/13	urs Min
	ate be	d d	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper 10b. KIND OF BUSINESS OR II BIRTHPLACE (County & Stote, or foreign country) INDUSTRY Self Employed Americano, Ge. 14 MOTHER'S MAIDEN NAME	
	phys per phys paval,	- [Grady Harvey Sallie Americus	
	ICIAN: The law requires that the death certificate be executed within spital or attending physician. Trificate has been signed by the attending physician and completely fullered far use as the bural-transit permit. Then please remaye carbon pain of Health prior ta burial, crematian, or remayal, and in any event, within		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no, ocunknown) (If yes give wor or dates of service) WW-11 16. SOCIAL SECURITY NO 214 Ol. 20 24 Clinical Rcds VA Hospital, Fort Howa	rd.Md.
	hat the n. y the cansit per		PART DEATH WAS CAUSED BY: CARCINOMA OF RECTUN WITH METASTASIS UPWELA	BETWEEN DWITEATH
	equires that the physician signed by the burnal-transit burial, cremati		13 4 X DUE TO Conditions, if ony, which gave (b) (b) 17 To DUE TO	
	ding		stating the underlying couse DUE TO (c)	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-train shauld be filed with the State Dept. of Health prior ta burial, cre	***	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS PERI YES.	AUTOPSY OR MED?
	PHYSICIAN: The hispital ar This certificate etached far in Dept. of Heal	CEDT CO	PER YES 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year Hour o.m. 200 IMS OF INJURY Month, Day, Year While Not While Society, street, office bidg., etc.)	
	NG PH) y the hi er this e detac ate Dep	MENCO	p.m. 19 of work 🗀 at work	(State)
	TENDI ined by R: Aft buld by the St		21 I certify that (1) (this hospital) attended the deceased fram <u>June 26, 19, 67 to Dec. 28, 19, 67, that (saw the deceased alive an Dec. 28, 19, 67, and that death accurred at 8 P.M., fram causes and an the date st</u>	XI (we) last ated abave.
	TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hms TO FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept.		220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 1.2/29/6	7
	SPITAL 4 may IERAL ar, pag d be fil		(NAM) (KA) GEORGE MCELFATRICK, M.D. VA Hospital, Fort Howard, Md.	
	Page / Page / To FUN direct	2	230 BURIAL (REMATION, PRINCIPLE PROPERTY OR (REMATORY PROPERTY PRO	(Stote)
	VR A15 (4) 25M 1/67	1	24 FUNERAL DIRECTOR Collick 243 E Oliver St. 250 REC'D BY REGISTRAR 250 REGISTRAR 3 S CHAPTER COLLECTION DATE AND 250 REC'D BY	ge_



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10544 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE Virginia b. COUNTY Page Baltimore MARYLAND delay b. CTY OR TOWN (If outside corporate limits, write RURAL and a ve necrest town) r LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) ond Virginia Beach Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Old York Road Pages within 24 hours after death 3 NAME OF FrsI Middle Lost DATE DECEASED OF 23 Daniel C. Hawkins (Type or print) DEATH YEAR 6. COLOR OR RACE AGF (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Male White WIDOWED Om USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR during miss of working life, even I refined)

13 FATHER'S NAME MOTHER'S MAIDEN NAME -transit permit event within 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Whiplash injury of neck MMEDIATE CAUSE (0) This certificate should DUE TO ony Conditions, if only, which gove rise to immediate cause (a). DUE TO stoting the underlying couse PART II OTHER SIGN F CANT COND THONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (D) 19 WAS AUTOPSY PERFORMED? YES K NO 20o EXTERNAL CAUSE WAS 20b DESCR.BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH Driver in auto that overturned 20d INJURY OCCURRED 2 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Street office bldg , etc.) of work of work Baltimore Baltimore, Md. 19 67 21. I certify that I taak charge of the remains described above, held an Autopsy 😾 Inspection [], nguiry , and in my opinion Natural couses . Accident \$. Suicide the funerol director death resulted from: . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12-23-67 Spitz, NAME (Type) Address (Street, city, town, or county) 0 FUNERAL DIRE VR A1SME 6M 1/6



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18552 CERTIFICATE OF DEATH 10545 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN / Ib c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) the attending physician and campletely filled in by the sit permit. Then please remave carban papers, Page. Baltimore 21234 Towson d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2615 Edgewood Ave. ST. JOSEPH HOSPITAL YES NO F NAME OF First Middle 4. DATE Month Last Yeor DECEASED (Type or print) OF DEATH HENSCHEN Gordon December 19 67 Invin F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED last birthday) Dovs Hours White WIDOWED DIVORCED June 21, 1926 Male IDa, USUA, OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CUTIZEN OF WHAT e most of working the, even if revired) Bethlehem Steel Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME NSChen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give war or dates of service) 214-16-4663 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CALSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (6) Metastatic brain tumor signed by Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DHE TO Canditions, if any, which gave Hypernephroma nse to immediate cause (a), DUE TO stating the underlying cause as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO DO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e. PLACE OF INJURY (Home, form, (County) 20k, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctary, street, affice blda, etc.) Not While of work 2). I certify that (1) (this haspital) attended the deceased fram 12/4/ , 19 67, to 12/19/ , 19 67 that (1) (we) last saw the deceased alive an 12/19/ 19 67, and that death accurred at 1:10PM, from causes and on the date stated above. saw the deceased alive an_ 12/19/ 22b DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS **ATTENDING** M.D. PHYS , page 3 be filed 7620 York Rd., Towson, Md., 21204 PHYSICIAN'S NAME (Type) B. Olivos, M.D. director, | should be 23c NAME OF CEMETERY OR CREMATORY REMOVAL Specify 23b DATE THEREOF LOCATION (City of Taylon) (County) Import 2Sa REC'D BY REGISTRAR REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16553 CERTIFICATE OF DEATH 16546 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence Before admission) a. COUNTY b. COUNTY MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b CITY OR JOWN (if autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside copperate limits, write RURA, and give nearest town) write RURAL and give nearest town) TURTON (If not in hospital, give street address) e IS RES DENCE ON A FARM? NO [NAME OF Year DECEASED Loo DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR-OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED 10o USUAL OCCLPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHP ACE (County & State or foreign country) Klephone 13 FATHER SNAME ar remava WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) NA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse by the haspital ar attending this certificate has been detached far use as the te Dept, af Health priar ta WAS ALTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(g) NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 201 (City or fown) 20c TIME OF INJURY Month, Doy, Year (County) (State) MEDI Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital), attended the deceased from 12 - 9, 1967, to 12 - 3-9, 1967, that (1) (we) last - 29 19 6 7 and that death accurred at 2:35M, fram causes and an the date stated above. saw the deceased alive an 12 O FUNERAL DIRECTOR: 22a SIGNATURE 226 DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M.D director, page 3 shauld be filed 22d. ADDRESS MA. JOSE FINA A. de MASTRO GBMC 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) dirial Holy Redeemer Cometery Baltimore FUNERAL DIRECTOR DAIA N



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16554 CERTIFICATE OF DEATH death. The low requires that the death certificate be executed within 24 hours ofter death Pages I and 2 2. USUAL RESIDENCE (Where deceased lived, il institution. Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY Baltimore MARYLAND Himore TOWN (It autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pikesville a to as VIIIe popers. nin 72 he d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? the ottending physician and completely tilled in sit permit. Then please remove cardon popers Stale Drive Suchts YES NO DO 3 NAME OF First Middle DATE Doy Lost Year DECEASED (Type or print) OF DEATH 12 Oh 050 19 € IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday] WIDOWED DIVORCED buriol, cremation, or removol, and in any 10a USUAL OCC. PAT ON (Give kind of wark dane during most of work ng life, even if retired) 12 CIT ZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Russia LAW 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME MOSES HETTLEMAN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes na) or unknown) (If yes give war ar dates of service) EUGENE HETTLEMAN. 1015 SCOTTS HILL DR INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY signed by (IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 4201 DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO storing the underlying couse TO FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part 11 of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m Not While at work þe 1967 16, 1967, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram pinous and that death occurred at 1016 2M, from causes and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22g. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 0 230 BURIAL, CREMATION, REMOVAL (Specify) RURTAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) shouf 23b. DATE THEREOF (County) (Stote) BALTIMORE. MARYLAND 12-18-67 ANSHE EMUNAH AITZ CHAIM 25b. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **VR A15** & BROS. INC., 6010 REISTERSTOWN ROLDATE 20 M LEVINSON





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16556 10549 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Catons ville c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lyrllmth3dy h208 White Avenue - Overlea. S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SPRTIG GRO 'TE HUGOLDAT. 1208 White Avenue YES NO NAME OF Middle Last 4 DATE Year and in any event, wit lease remave carbor DECEASED OF DEATH Holland December 19 67 (Type or print) Margaret 8. DATE OF BIRTH 9 AGE (In years S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last berthday) Hours white Jan. 18, 1887 female WIDOWED 30 DIVORCED 1Da USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY physician home Maryland housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, the attending phys Caroline Appold William Harman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendii burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service) 219-54-3164-JI Records: SPRING GRO /E STATE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVA, BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Myocardial Infarction by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) Arteriosclerotic Cardiovascular Ht. Dis. 2 vrs rise to immediate cause (a), DUE TO stating the underlying couse () Arterios le rosis, Generalizad, Senile SO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? has Diabetes Mellitus NO ö 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 29c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at work at wark 21 I certify that (X) (this haspital) attended the deceased from Dec. 31 1967, that 10 (we) last Dec. 4 director, page 3 should should should be filed with the saw the deceased alive an Dec. 4 19 67, and that death accurred at M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 22a. SIGNATURE 226 DATE SIGNED MED DIRECTOR STAFF PHYS 22d ADDRESS SPRING GROVE STATE HOSPITAL 22c PHYSICIAN S Anthony J. Young . M.D. NAME (Type) Biltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City at Town) 23a BUR AL, CREMATION 23b DATE THEREOF (County) (Stote) BUT La T Lorraine Park Cemetery Woodlawn, Maryland Dec. 7, 1967 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road 25g REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Towson, Maryland 21204 DATE DEC 7 Charles 1961



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16557 18550 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 write RURAL and give nearest town) Baltimore atonsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM ban pap Within 7 Roland Ave. Summit Nursing Home & Rectory Maneno NAME OF Middle remave carban First Dov Year DECEASED MARGARETTA R. HOLLYDAY 26, 19 December and in any event, (Type or print) DEATH S SEX 8. DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED (c) (3) erthdoy) Hours Female White July 23,1884 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) attending physician opermit. Then please Easton, Maryland 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME or remayal, Henry Hollyday Margaretta Chilton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service A Miss Rosalie Hollyday Memorial Apt 18. CAUSE OF DEATH (Enter only one couse per fine for (a) (b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse the certificate has been of Health prior to use as PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Jh. NO 🖾 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port or Port Is of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc. Not While 2) I certify that (I) (this hospital) attended the deceased fram 1967, to Dec - 26 TO HOSPITAL OR ATTENI Page 4 may be retained director, page 3 shauld should be filed with the saw the deceased alive an Dec 26 19.67, and that death occurred at 33c/M, from causes and an the date stated above. O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED M.D. DIRECTOR ADDRESS 22c PHYSIC AN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City of Town) Spring Hill Eastom, Maryland 12-29-67 ADDRESS 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc, 6500 Baltimore, Md. 21212



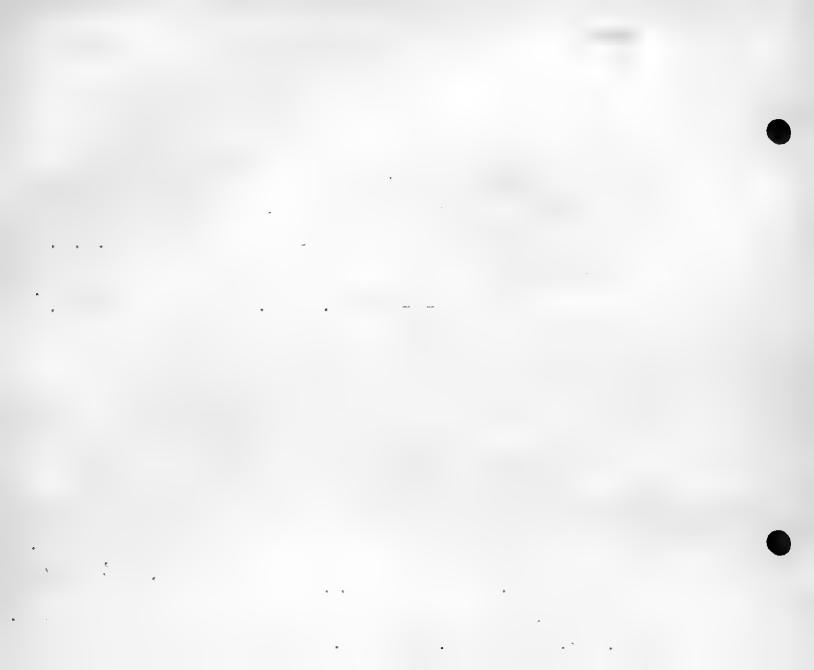
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16558 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY COUNTY MARYLAND b CITY OR TOWN (If autside corporate imits CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Mc ormick Avenue NO F YES [event, within requires that the death certificate be executed within 3 NAME OF Middle Lost Year please remave carban First Day attending physician and campletely permit. Then please remave carban DECEASED OF DEATH trancis December S SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Machinist (R INDUSTRY COUNTRY Connecticut 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, Francis H. Hommes Laura M. Harvey (Yes, no, or unknown) (If yes give war ar dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO permit. 042091875 Alma E. Holmes- Same INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (c) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been with the State Dept. of Health priar ta use as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 WAS AUTOPSY PERFORMED? NO K 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Not While at work at work 19> 7, ta 2000 - 1967, that (1) (we) last 21. I certify that (1) (this-hospital) attended the deceased fram. 1967, and that death accurred at 51.15 M. from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING N DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c PHYSICIAN S NAME (Type)(23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF (State) Burial Specify Moreland Cemetery Baltimore Co Marvland ADDRESS 2Sa REC'D BY REGISTRAR FUNERAL DIRECTOR 1968 Ruck. Inc. Balto. Md. DATE AN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16553 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) C LENGTH OF STAY IN 16 c' CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC A STREET ADDRESS ON A FARM Baltinone Med 3 NAME OF Doy Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR SEX 7 MARRIED D AGE (In years fast_birthday) WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done (County & State or Foreign country) during most of working life, even if settred) INDUSTRY Housewife 13 FATHER'S NAME burial, crematian, ar remayal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) Harold R. Hopkins 11 N. Kelly Ave Bel A IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchopnen IMMEDIATE CAUSE (o)_ Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse Page 4 may be retained by the haspital ar attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram 12.13. 1967, ta 12.22. 1967, that (1) (we) last saw the deceased alive an 12.22. 1967, and that death accurred at 12-104M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED Dipak Kumar Mallik N Daz 32,1967 22d. ADDRESS Great Baltinon Medical Contre DIPAK KUMAR MALLIK NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. REMOVAL (Specify) Slate Ridge Cemetery 19676 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE



		PARTMENT OF HEALTH	
91	DIVISION OF VITAL RECORDS, 301 W. PRES	TON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16560 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH 13553	
HEALTH DEPT	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed ved, it institut on Residence before admission)	
2, and 3 to PM3 Page	o. COUNTY Baltimore MARY.AND O CITY OR TOWN (If outside compared limits or LENGTH OF STAY IN 1)	o. STATE Maryland Baltimore	
Po Po	b (TTY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
y d oman	Dundalk One Year	Dundalk	
5 7 E	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e S RESIDENC	CE 12
ges 1, 2, and 3 to 1 form PM3 Page	7929 Lynch Road	7929 Lynch Road YES NO	K
Pog Hi	3 NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year	
l de g w	(Type or print) Gladys Fannie	Howard December 6 19 0	
hin 24 hours after death noti in Item 18. Give Pog niner's Office along with pages Iond 2 with the fo urs after death.	S SEX 6. CO.OR OR RACE 7. MARRIED NEVER MARRIED NIVORCED	March 12, 1901 9 AGE n yeors Substitution FUNDER I YEAR IE UNDER 24	HRS Min
ors d2 v d2 v eath	HIDORIED ET DIVORCED		
24 hours in Item 1 r's Office es Tond2 est Tond2	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWILE 10b K ND OE BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or foreign country) West Virginia 12 CTZEN OF WHAT UCOUNTRY?	
24 in er's ges afte	13 FATHER'S NAME	14 MOTHER'S MA DEN NAME	
thin mine pag	Charles Whittke		
wi w Exon		Ella Childres INFORMAN(Daughter) AddressDundalk, Md.	
This certificate should be executed within 24 hours after death If cote, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form I be used as a burial-transit permit. Fle pages I and 2 with the State Removal, and in any event within 72 hours after death.	(Yes, no, or unknown) (If yes give wor or dotes of service) 231–38–6633D M	rs. Edna E. McCartney, 7929 Lynch Rd.	
xecu ding Aedin Perr	18 CAUSE OF DEATH (Enter only one couse per line to (b) (b) and (c))	INTERVAL BETWEE	EN EN
should be e ne word 'pen o the Chief A buriol-tronsit	PART I. DEATH WAS CAUSED BY		H
Chi d b	1361 IMMEDIATE CAUSE (o) DITECTION OF THE CAUSE (o)		
the the any	Conditions, if any, which gave) - (b)		
te sl the f to f to in c	rise to immediate couse (a), stating the underlying couse		
ficat ting rded os a and	last (c)		
his certif ote, writi e forwar be used emoval, t	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	O THE TERM NAL DISEASE COND T ON GIVEN N PART 1(0) 19 WAS A TOPS! PERFORMED?	Y
is c for for mov		AR 🗍 VO	
# P .	200 EXTERNAL CAUSE WAS 200 DESCRIBE TO TIMER OF THE PRINCE	D (Enternature of inury in Port I or Port II of tem 18.)	
iner: T should b fles. 3 should fles.	CAUSE OF DEATH	<	
He he atto		PLACE DE INJURY (Home, Form, lactory, street office bldg etc.) 20f (City or town) (County) (Stat	le)
EXAMINER: This certificate, writing age 4 should be forwary your fles. Poge 3 should be used cremation, or removal,	pm. 17 Johnson Call		
AL EXA execute r Page far you for: Pog	21. I certify that I taak charge of the remains described above,		intan
orcal orcal	death resulted fram Natural causes 🔼 Accident 🗌 S	u cide [], Hamicide [], Undetermined manner [] CHEE MED CAL EXAM.NER [] 5800 Mornington Rd.	
MEDICAL EXAPLESA Please execute director Page estained for yo DIRECTOR: Poc	ACTUAL MB AT AN	Dan de Tie	SNED
UTY Plury, plerol of be re RAL Prior	SIGNATURE SIGNATURE	DEPUTY MED CA. EXAMINER DURGATE, DEPUTY MED CA. EXAMINER Md. 21222 12/6/6	7
	EXAMINER'S Melvin B. Davis Melvin B. Davis	D. Address (Street, city town or county)	1
O DEP necessor the for 5 may 0 FUNE Heo'th	230 BURIAL CREMATION, 236 DATE THEREOE 230, NAME OF CEMETERY	OR CREMATORY 3d LOCATION (City or Town) (County) State	
5 = = 5 = 1	Burial 12/9/67 Lake View Me	emorial Park Carroll Co. Mc	1.
VR ATIME (5)	John J. Duda, 7922 Wise Ave. Dundalk, M	250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNAT RE	
6M 1/67/	form of Dang's 12cc ares wise wife Dangary's w	d. DATE DEC 11 1987 Michaelas Judge	10



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	AND 21201
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, , , , , , , , , , , , , , , , , , , ,
HEALTH DERT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed	lived, f institution: Residence before odmission) b. COUNTY
Para 1 1	B. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Tutherwille	limits, write RJRAL and give nearest town)
	T e IS RESIDENCE
506 Seminary Ave. 506 W. Seminary A	Ave.
3 NAME OF DECEASED FIRST Middle Lost 4 DATE OF	Month Doy Year
(Type or print) LORRIE ANN HOWARD DEATH	December II 19 67
506 Seminary Ave. Solid No. Seminary Ave. Solid No. Seminary Ave.	GE (In years FUNDER 1 YEAR IF UNDER 24 HRS ost birthday) Months Doys Hours Min.
DECEASED (Type or print) LORRIE ANN HOWARD S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED XX B DATE OF BIRTH 9 A WIDOWED DIVORCED Oct. 25, 1967 The male White WIDOWED 106 USUAL OCCUPATION (Give kind of work done during most of working life, even first red) None 11 BIRTHPLACE (Stote or fore gn count INDUSTRY N/A Maryland 13. FATHER'S NAME 14 MOTHER'S MADEN NAME COLOR OR PACE 15 PACE 16 PACE 17 MARRIED NEVER MARRIED XX B DATE OF BIRTH 9 A Maryland 14 MOTHER'S MADEN NAME 15 PACE 16 PACE 16 PACE 17 MARRIED NEVER MARRIED XX 18 DATE OF BIRTH 19 A Maryland 19 A Maryland 10 MOTHER'S MADEN NAME	K######Y ¹⁵ 1 16
Female White WIDOWED DIVORCED JOCt. 25, 1967 Female White WIDOWED DIVORCED JOCt. 25, 1967 Female White WIDOWED JOCK. 25, 1967 Female White WIDOWED JOCK. 25, 1967 For all BIRTHPLACE (Stote or fore gn count in NODE) None Maryland	
during most of working life, even fret red) Maryland Maryland	COUNTRY? U.S.A.
Female White WIDOWED DIVORCED Oct. 25, 1967 INDUSTRY N/A Maryland I3. FATHER'S NAME George Howard George Howard Female White WIDOWED DIVORCED Oct. 25, 1967 INDUSTRY N/A MARYLANGE (Stote or fore gn county NOTHER) Maryland Loretta Ross	
George Howard Loretta Ross	
13. FATHER'S NAME George Howard Is Was Deceased Ever N u. S. ARMED FORCES? Over no or unknown) Ulfors are now not or dates of carrying. The second of th	Address
(Yes, no, or unknown) (If yes give wor or dotes of service) Non-production of the service Mr. Goerge Howard, S	Same as # 2
3 NAME OF DECEASED (Type or print) 3 NAME OF DECEASED (Type or print) 4 DATE OF DECEASED (Type or print) 5 SEX 5 COLOR OR RACE THE WIDOWED DIVORCED OCt. 25, 1967 Female White WIDOWED DIVORCED OCt. 25, 1967 Female White WIDOWED DIVORCED OCt. 25, 1967 Female White WIDOWED DIVORCED OCt. 25, 1967 Maryland 13. FATHER'S NAME George Howard 15 WAS DECEASED EVER N. J. S ARMED FORCES? (Yes, no, or unknown) (Iff yes give wor or dotes of service) NOTE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Sudden unexpected death in infancy Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (b). DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO Conditions, if ony, which gave rise to immediate cause (b).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (o) Sudden unexpected death in infancy	ONSET AND DEATH
P P 5 \$ 3 DUE TO	
The conditions of the conditio	1
rise to immediate cause (a), DUE TO	
ost. (c)	
PART ILLOTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART I(o) 19 WAS AUTOPSY
	PERFORMED? YES V NO
DE DEIMARY TO CONTRIBUTION OF	
CAUSE OF DEATH City or town) (County) (State)	
21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection	, Inquiry , and n my ap nia
21. Certify that I taak charge at the remains described abave, held an Autapsy X, Inspection Action	etermined manner
dedith required from. Natural courses [X], Accident [], Suicide [], Hamicide [], Under the Medical Examiner []]
dedrift rationed from Natural courses (X), Accident (), Suicide (), Hamilide (), Unide (), Accident (), Suicide (), Accident (), Acci	22. DATE SIGNED
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	
DEPUTY MEDICAL EXAMINER NAME (Type) Edward F. Wilson, M.D. Address (Street city, town, or NAME (Type) PRINT OF A PAIR STREET 123 NAME OF COMMETTER OF COMM	county) December 11 1967
EXAMINER'S NAME (Type) Edward F. Wilson, M.D. Address (Street city, town, or 230 BUR AL (REMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT	ON (City or Town) (County) (State)
Dec. 14,1967 Dulaney Valley Cemetery Cool	t ON (City or Town) (County (State) keysville, Maryland
VR A15ME (3) 24 FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Road Towson, Md. 21204 DATE DEC 19	967 Icharles Judge

7- = 44 11



FOR STATE	16562 DIVISION OF VITAL RECORDS, 301 W. PRESION, STREET, BALTIMORE, MARYLAND 21201	889
HEALTH (DEPT)	1 DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day	Year 2b. HOUR
~ c c c	(Type or Print) CLYDE Allison ISBNNOCK DEATH MATED 12 14	1967 M
delay M3. Pol	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in yours IF UNDER 1 YEAR F UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
PM3.	Male White 2/9/1904 63 YRS 11 Day Mounts MAN Manth 1 Day 16	Year 19 68 5:104
227	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	P
form farm	Maryland U.S.A. WIDDWED BALLIMORE Baltimore	Md
Pag Pag Arth Sto	Parkton give street address) during most of working life even if retired \ INDI	KIND OF BUSINESS OR USTRY
ive ive	give street address) about 100 ft. W of Rt. 45 STALE STREET AND NUMBER STREET AND NUMBER STREET AND NUMBER	Farm
afte 3. G alon alon with	130 JSLA RESIDENCE (Where deceased ved, f institution: Residence before 13c. CITY OR TOWN admissional Tyland 13b. COUNT Baltimore Hyde YES NO X Interior	,
haurs after death any delater 18. Give Pages 1, 2 embodition office along with farm (PM3.) I and 2 with the State Deportment of the death.	14 FATHER'S NAME FIRST Middle Lost IS MOTHER'S MAIDEN NAME FIRST Middle	
4 haves after de lem 18. Give I 5 Office along w 1 and 2 with the after death.	John Thomas Isennock Victorine Coe	Last
hin 24 nc L in n ner s pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECUR TY NO MESINFORMANT 117 Gibbons ADDRESSBlvd.	21030
oenc amir e po	(Yes, no, ar unknown) (If yes give wor or dates of service) No 193-18-5519 William E. Standiford Cockey	
d will in pe Exar File n 72	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ixecuted Inding ir Medical permit ir it with in	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia due to hanging	BUREN ORRI AND OLAIR
exe andii Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
pe "pe	Conditions, if only, which gave)	
rord rord ne Cl	stoting the underlying cause DUE TD, DR AS A CONSEQUENCE DF	
shauld be e ne word "per ta the Chief I burial-transit I in any ever	last. (c)	
d the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifica riting rarde ed as ed as	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
s certii e, writ farwar used emava	WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, stem if	YES NO X
AL EXAMINER: This execute the certificate, or Page 4 shauld be fa far yaur files. TOR: Page 3 shauld be turial, crematian, ar ren	21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, stem 5	
Reertiil suld suld san, an,	PRIMARY TO CONTRIBUTING HOUR A.M. ? PM ? 19 Subject hanged himself 21d NURY OCCURRED 121e P.ACE OF INJURY (At home, form, street). 2.f. LOCATION Street or R.F.D. No (ity or Town) (contribution).	
		etat2 Yfnua
CEPUTY DICAL EXAMINER: cessary, please execute the cert in the function of the plant in the standard decidence of the standard be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,	WHITE NOT WHITE AT WORK THE AT WORK THE TEE TO THE STATE OF THE STATE	alto. Md.
L EXALI recute Page far yau SR: Pagi	22a certify that I taok charge of the remains described above, held an Autapsy, Inspection X, Inquiry,	and in my apinian
SICA ree es ctor ctor ctor ben buy	deoth resulted fram: Natural causes Accident Suicide Homicide Undetermined manner	
please direction direction or ta t	ACTUAL S CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
TY, Py, Peral	SIGNATURE MD ASSISIANI MEDICAL EXAMINER LX 220. DATE SIGNA	
DEPUTY DICASION, please ethe funeral director may be retained FUNERAL DIRECTOR dealth prior to but	EXAMINER'S NAME (Type) Parameter Description of Deputy Medical Examiner January ADDRESS(Street, city, town, or county)	ry 17, 1968
necessary, please executhe funeral director Page 5 may be retained for 10 FUNERAL DIRECTOR: Health prior to burial,	Edward R. Wilson, M.D.	unty) (State)
F	Burial 1/19/1968 Ebenezer Rutledge, Harf.	.,
Q.	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTAR 1986. REGISTALE SIGN	
VR A15ME (5)	Charles E. Kurtz Jarrettsville, Md. DATE	9
	21084	



	16563 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL		
	CERTIFICATE OF DEAT	H 1	6555
1	PLACE OF DEATH G. CQUNTY G. STATE	NCE (Where deceased lived, if institution Res of b. COUNTY	dence befare admission)
	BALL'IMORE MARYLANI MARYLANI	D L	
	b CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) CONSON C LENGTH OF STAY IN 16 C CITY OR TOWN BALTTMOT	(If autside carparote limits, write RURAL and	give nearest town)
		RE	234
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRES	25	e IS RESIDENCE ON A FARM?
	ST. JOSEPH HOSPITAL 4307 GLI		YES NO Se
3	NAME OF First Middle Lost DECEASED Lost	4. OATE Month	Doy Year
	(Type or print) RICHARD RAYMOND JENKINS	DEATH DECEMBER	24 1967
S	A MANAGE AND THE STATE OF THE S	lost birthdoy) Manth:	ER I YEAR IF UNDER 24 HRS. S Doys Hours Min
	ALE WHITE WIDOWED DIVORCED DECEMBER	5.1889 78 yrs.	CATALINA OF ANIMA
dur	64 march of superferon life after it retired by A 1 INDISTRIV (1 A)	ounly & State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
_		DRE, MARYLAND	U.S.A.
13.	FATHER'S NAME William Jenkins 14. MOTHER'S MA Kath	erire	
10			
(Ye	s no or unknown). (If we give mor or dotes of service)	Address	
_	No 717-07-9522 Mrs Pea	rl Jenkins Son	ne
	IB. CAUSE OF CEATH (Enter only ane couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA		ONSET AND DEATH
			-
	Canditians, if any, which gave) OCNGESTIVE HEART FAILURE		
	rise to immediate couse (o),		
	stating the underlying couse (c) EMPHYSEMA		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	SE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
M ON			PERFORMED? YES NO X
CERTIFICAT	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ary in Port I ar Part II of item TB)	1 U M
CR	OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	·	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame	e, form 20F (City or tawn)	(County) (State)
뮟	Hour o m. While Not While foctory, street, affice bldg	g., etc.)	
	1 01 110111 - 11 110111	1967 to DEC EMBER 241	9 67 that (I) (we) last
	21. I certify that (I) (this haspital) attended the deceased from DECEMBER 23 saw the deceased alive an DECEMBER 24 1967, and that death accurre	d at3:00AM fram causes and on	the date stated above
	22g SIGNATURE	22h	DATE SIGNED
	ATTENDING PHYS	DIRECTOR DISTAFF DEC	EMBER 24.1967
	224 ADDRESS MAME (Lynn) TSMART, TAMORA M. D. 226 ADDRESS		•
		ORK ROAD TOWSON, M	AKYLAND
230	BUR AL, CREMA ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Spenity) 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (Stote)
	DURLAL 12/2//0/ MORELANG MEMORLAS	Baltimore /	Naryland
24			S SIGNATURE
Ĺ	eonard & Ruck Inc. 5305 Harford Rd. DATI	= UEC 27 1967 : a	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3556 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Howard hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) .5 Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ed 24 ON A FARM? La. Nursing Home Folly Quarter NO/E YES within etely NAME DE First Middle DATE Month Last Day Year DECEASED Allan 1967 É (Type or print) Johnson DEATH Dec. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. -ешоле 7. MARRIED 2 NEVER MARRIED and white 1883. C /6 WIDOWED 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) sician lease r and in 2 11. BIRTHPLACE (County & State, or fereign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Med. Director Doctor attending physic ermit. Then plea Mass 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Ella Kimball Frederick Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) the attend it permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address ö Mrs. Mary Bennett Ellibott City.Md. cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). signed by th urial-transit purial, cremat INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been s. Te buria. buriz DUF TO Conditions, if any, which gave rise to Immediate **DUE TO** cause (a), stating has b as th prior t vlerios cleronis underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate I detached for use te Dept. of Health for use Health PERFORMED? CERTIFICAT Side YES NO 1 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be dilled with the State Hour a.m. While Not While 19 at work at work 12 - 6 - 19 6 7 that (1) (we) last 0-1-1967 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at $\angle P$ M. from the causes and on the date stated above. - 19 6 7 saw the deceased alive on 22a. SIGNATURE DATE SICNED 名 page -MED M.D. PHYS. DIRECTOR PHYS. тау O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) (State) REMOVAL (Specify) UNERAL FMODION **FUNERAL DIRECTOR** ADDRESS REC'D BY 25b. REGISTRAR'S SICNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16565 CERTIFICATE OF DEATH 16557 death. and unerai 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside aproparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM HOME NO IF GATE OF DEATH NAME OF pgu Day Year DECEASED e.C .. (Type ar print) 19 6 9 The law requires that the duath certificate be execuited F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED AGE (n years NEVER MARRIED гендаме birthday) Months Doys Hours and in any WIDOWED IN DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MÁ DEN NAME burial, crematian, ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI permit. (Yes, no, ar unknown) (If yes give war ar dates of service 213-05-3779 MRJ AUTHEA V. ABERLE-905 BENGIES 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the prior tal 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ET CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (C ty or town) (County) factory, street, office bldg., etc.) Hour a.m. Nat While at wark 21. I certify that (1) (this hospita) attended the deceased fram, 1967. ta_ be retained director, page 3 shourd should be filed with the 9. 1962, and that death accurred at 2.30 CM, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BURIAL CREMATION (County) COLOMIE 24. FUNERAL DIRECTOR 250 RECD BY REG STRAR 25b REGISTRAR'S 5 GNATURE ADDRESS VR A1II (4 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16566 CERTIFICATE OF DEATH 10558 offerdeath death ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY BALTIMORE MARYLAND MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) t LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 DAYS FORT HOWARD CAMBRIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 406 OAKLEY STREET YES [NO TO NAME OF Middle 4 DATE First Lost Month Year DECEASED OF DEATH complete (Type of print) BERNARD JONES Μ. DECEMBER 00 evillini S SEX 9. AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Doys Months Hours 3/11/1901 MALE WHITE Allo ui pill WIDOWED DIVORCED puo 10o USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician o during most of working life, even if retired) **COUNTRY?** Store DORCHESTER CO. MARYLAND BUTCHER II.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol FIELDER G. JONES LILLIE PARTRIDGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 00 215 03 54 60 CLIN RECORDS, VA HOSPITAL FT HOWARD YES buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY A DEBIGGA POTRIC INTERVAL BETWEEN MONTHSEATH buriol-tronsit IMMEDIATE (AUSE (o) ADENOCARCINOMA OF PROSTATE WITH METASTASES O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO s certificate has been s suched for use as the b spt. of Health prior to b stoting the underlying couse WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health NO 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port, or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. 1 certify that (3) (this haspital) affended the deceased fram 11/10/67 , to 12/6/67 19 19____, that (X (we) last 12/6/67 and that death accurred a2:50P M, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE 12/6/67 DIRECTOR PHYS director, page a 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND Dec 9, 1967 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) Greenlawn Cemeterv Cambridge, Maryland 2 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** LECOMPTE FUNERAL HOME **VR A15** 25M 1/6 1967 CAMBRIDGE, MARYIANI



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH 10559 CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Baltimore Maryland the MARYLAND Baltimore CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I completely filed in by to ove carbon papers. Page vecent, within 12 hours a nours Baltimore 21212 Baltimore 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dunkirk Road 66 Dunkirk Road YES NOX executed within 3. NAME OF OATE Month Yea Middle Lest Day DECEASED OF DEATH T. (Type or print) George Jones 12 67 Dec 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED lease remov and in any e M W 3-19-1879 and WIDOWEO A OIVORCEO [physician a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) certificate be INDUSTRY COUNTRY? Auto Repair-Owner Baltimore. Garage USA 13. FATHER'S NAME removaí, 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then, should be filed with the State Dept. of Health prior to burial, cremation, or remov William Mary E. McCullough Thomas Jones 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no, or unknwn) | (If yes give war or dates of service) 18 -54-391 No Mrs. Harry Above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) QUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) No X YES [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work OR ATTENDING at work 1 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 44 MM, from the causes and on the date stated above. saw the deceased alive on. 19 G 22b. OATE SIGNED SIENATURE L'U ATTENOING M,O. PHYS. DIRECTOR PHYS. Page 4 may 22c. PHYSICTAN'S 22d. ADORESS NAME (Type)Dr 006 Roland Helfrich Ave. Balto. Md. Wm. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. **OATE THEREOF** REMOYAL (Specify) 12-15-67 Burial Woodlawn Woodlawn 25a. REC'O BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR & Sons Co.4905 York Rd. Balta UE VR A15 (4) 15M 4-64



	16568 DIVISION OF STATISTICAL RESEARCH AND RECORDS,	OUT W. PRESION STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER	S CERTIFICATE OF DEATH
HEALTH DERT	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission)
d 3 to d 3 to Poge	o (OJNTY Baltimore MARYLAND	O STATE Maryland D COUNTY Montgomery
delay ond 3 n3. Pog i ment	b CITY OR TOWN (If auts de carporate limits, c LENGTH OF STAY IN 16 write RURAL and give negrest town)	c CITY OR TOWN (f outside corporate limits, write RJRAL and give nearest town)
2, ond 2 PM3. P	wr te RURAL ond give negresi (ovn) Owings Mills 8 yrs.	Silver Spring
E SE ON	d NAME OF HOSP-TAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RES DENCE ON A FARM?
Te de la se	Rosewood State Hospital	Stewart Lane
with with	3 NAME OF First Middle DECEASED	dost 4. DATE Month Doy Year
a s a c	(Type or print) Robin -	JONES DEATH 12 17 19 67
ofter death 8. Give Page clong with f with the state	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	8 DATE OF B RTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Iost birthdoy) Months Doys Hours M.n.
	Female Negro WIDOWED DIVORCED	11-3-57 10 yrs. Months Doy's Man
hours Item 16 Office Office event	100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT
	during most of working life, even if retired) Dependent NDUSTRY	Montgomery Co., Md. COUNTRY? U.S.A.
hin 24 ncil in I niner s pages 1 in any	13. FATHER 5 NAME	14. MOTHER'S MAIDEN NAME
w thin pencil xamine and in a	Walter Jones	Engage Tourise Done
d wt in pe Exan File and		Frances Louise Poge INFORMANT Address
al ii.	(Yes, no, or unknown) (If yes give wor or dates of service)	
d'ing edh edh nav		osewood Records, Owings Mills, Maryland
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiners be used as a burial-transit permit. File pages I to burial, cremation, or removal, and in any	Conditions, if any, which gove)	see to Freel Engaration ONSET AND DEATH
certificate should writing the word rworded to the Ch soed as a burial-tra bur-al, cremation,	rise to Immediate couse (o), storing the underlying couse (c)	
This certilicate, writh be farward to be be be farward to be used are to bur a	PART I OTHER SIGN. F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERM NA. D SEASE COND T ON GIVEN IN PART I(0) 19 WAS A TOPSY PERFORMED? YES NO
누 구 꼭 의	PR MARY DOT CONTRIBUTING CALLED FOR ANY	D (Enter, noture of injury n Port I or Port I of tem 18)
MEDICAL EXAMINER: please execute the cert director. Page 4 should etained for your files DIRECTOR: Page 3 shoulds: states of the	20c TIME OF INJURY Month Doy Yeor 20d INJURY OCCURRED 20e Flour o'n 20c 17 1967 of work of work 20 Page 1967	LACE OF IN.URY (Home, form, 201 (City or town) (County) (State) octory, street, office bldg etc.) Lace of In.URY (Home, form, 201 (City or town) (County) (State)
L EXA cecute Page for you R: Page atted a	21 I certify that I taok charge of the remains described obove,	held an Autapsy 🔀 , Inspection 🔀 , * Inquiry 🔀 , and in my opin o
MEDICAL EX Mease execut director. Pag stained for y DIRECTOR: Po		uicide 🔲, Hamicide 🔲, Undetermined manner 🔲
	SIGNATURE 2 2 Caples	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S D. D. Caples, M.D.	Address Wight The Property Maryland 12/19/67
To Digital Property of the pro	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C DEMOVAL (Specify) 12/21/67 ROSEWOOD C	emetery Owings Mills, M.
VR A15MA (5)	24. FUNERAL DIRECTOR ADDRESS 4. F. Eline & Sona Rainter atown M.	250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 PER C 2 6 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16569 CERTIFICATE OF DEATH 13561 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) The law requires that the death certificate be executed within 24 haurs after dea b. COUNTY Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) te RURAL and give negrest town) Davs BALTTHORE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM physician and campletely filled a carban gapers ent. within 72 h 425 MURDOCK ROAD ST. JOSEPH HOSPITAL YES T NO 3 3. NAME OF Lost DATE Doy Year DECEASED
(Type or print) ANNA ALICE KANE 19 67 DEATH DECEMBER IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years IF JNDER I YEAR NEVER MARRIED lost birthdoy) Months Doys Hours MAY 30, 1889 WHITE WIDOWED DIVORCED FEMALE IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home HARRISONBURG. VA. U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Edward Lucas Russell Louella Gaines signed by the attending 1134 Gypsy Lane West IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 220 44 0385 Mr. James E. Kane, Jr. Towson, Maryland 21204 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY CEREBRAL HEMORRHAGE GENERALIZED ARTERTOSCLEBOST IMMEDIATE CAUSE (a). DUE TO ARTERIOSCLEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse this certificate hos been last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO T the hospital ar ঠ 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg. etc.) O HOSPITAL OR ATTENDING Page 4 may be retained by 21. I certify that (i) (this hospital) attended the deceased fram DECEMBER 9, 1967, to DECEMBER 189 67that (i) (we) last saw the deceased olive anDECEMBER 18 1967, and that death occurred at 4:20 purion couses and on the date stated above. TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED DIRECTOR PHYS DECEMBER 18,1967 22d. ADDRESS NAME (Type) GOKIM, JR., M.D. 7620 YORK ROAD GUALBERTO TOWSON. MD. #21204 director, p 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Dec. 20.1967 Druid Ridge Cemetery Pikesville, Maryland 250 REC'D BY REGISTRAR DEC 2 2 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204 DATE VR A15 20 M 1/68



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16570 CERTIFICATE OF DEATH 13563 death requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY timore MARYLAND b CITY OR TOWN (If outside corporate mils, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 21237 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM YES I NO K NAME OF Year please remave carbon DECEASED OF DEATH Kautmann 19 SEX 6 COLOR OR RACE IF UNDER lost pirthdoy) Months June 28, 1901 Hours 10n HSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)

Retired Policeman COUNTRY? Maryla nd USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remayal Joseph F. Kaufmann Sophia Scheutler signed by the attending burial-transit permit. The Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) {If yes give wor or dotes of service 220-36-3293 Mrs. Catherine A. Kaufmann (Same) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the school be filed with the State Dept. of Health priar to this certificate has been WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 2 YES T NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Hour o.m. 21. 1 certify that (1) (this haspital) attended the deceased from and that death accurred at 10 A M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE ATTENDING MD PHYS DIRECTOR 22d 22c PHYSICIAN S John G. Orth NAME (Type) 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 12/16/67. Holy Cross Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 20 M T



	1	1		DIVISIO	N OF STATISTI				PARTMENT OI , 301 W. PRESTO			E 1, MARYL	AND
	£	202 202		16571			CERTIF	ICATI	E OF DEATI	Н		1556	5.3
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.		1.	PLACE OF BEATH a. COUNTY Ralt	imore	-	Mary	4440	a. STATE Mary	CE (Where dece	ased lived, if Institu b. COUNTY		before admission)	
				N (if outside corpora and give nearest tow	te limits, vn)	c. LENGTH OF STA	Y IN 1b	01 0111 011 101111 (1	foutside corp	orate limits, write	RURAL and giv		
Illed in pers.					SPITAL OR INSTITUTION Manor Nur			eddress)	d. STREET ADDRESS	,	ilton Str	0	. IS RESIDENCE ON A FARM?
			3	NAME OF		Irst	Middle		Last	14. DATE	Month Month	Day	Year
	**************************************	npiete carbo int, w		OECEASED (Type or print)	В	essie	May		Kaye	OF DEATH	December	r 20	, 1967
	ecuted	nd con move iny eve		'emale	6. color or race White	7. MARRIED WIDOWED			May 4, 187	9.	AGE (In years IF Me BB vrs.	UNDER 1 YEAR	Hours Min.
	be ex	ician al ase re nd in a	10a duri	USUAL OCCUPAT ng most of work! HOUSEWI	ION (Give kind of working life, even if retire		INO OF BUSINESS OF MOUSTRY	R	11. BIRTHPLACE (C			12. CITIZEN (COUNTRY	OF WHAT
	cate	physical, a	13.	FATHER'S NAM					14. MOTHER'S MAI	OEN NAME			
	ıtif	Ther emov		Charle		Jamiso			Ellen	M.	Ferguson		
	eath ce	attend ermît. m, or r	15. (Ye:	WAS DECEASEDE , no, er unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	of service)	SOCIAL SECURITY NO 6-46-5691		informant	rman 3	Address Ol McMech	en St.	
	t the d an.	has been signed by the attending physician and completely filled, as the burial-transit permit. Then please remove carbon papers prior to burial, cremation, or removal, and in any event, within 72 prior to burial cremation.			DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	1 /7.	ine for (a), (b), and (c).]	hono.	h		INTE	RVAL BETWEEN ET AND DEATH
	tha ysicia	gned ial-tr		. 4	OUE								
dulrės	quires ng ph	ng phy een si ee bur to bur		•	any, which } immediate { cating the } DUE	(b)							
	w re	as bas the	_	underlying caus	e last.	(c)						100	THEO ALITODON
	The la	ificate h for use Health p	CATIO	PART II. OTHERS	IGNIFICANT CONDITION	DNSCONTRIB	UTING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL	DISEASE CONC	ITTIDŅ GIVEN IN PA	RT 1(a) 19.	WAS AUTOPSY PERFORMEO? S NO
	PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	certificate has hed for use as t. of Health pric	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNCERLYING THE NG CAUSE OF DEA	TH NER)	DESCRIBE HOW INJU	IRY OCCU	RRED. (Enter nature o	of Injury in Pa	rt I or Part II of I	tem 18.)	
	ig PHYS	O FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of	MEDICAL	20c. TIME OF I		Year 20d. i	- Not While -	20e. PLA facto	CE OF INJURY (Home, f ry, street, office bldg.,	etc.) 20f. (City or town)	(County)	(State)
	ATTENDING retained by	he Si	٦		y that (I) (this hos	-	ed the deceased t			1967, to_	20 Vec	, 19 <i>©</i> , th	at (I) (we) last
	TTE	short thi		saw the dec	ceased alive on	2000	196	and that	death occurred at	//M, fro	m the causes an	d on the date	
	ay be	DIRECTOR		hu	el >	well		M.D		MED. DIRECTOR	STAFF PHYS.	21 VC	61
	TO HOSPITAL Page 4 may	UNERA ector, 1 uld be		22c. PHYSICIA NAME (Ty	/pe) /33X S	MC BM	ON JUSIA	64	1334 x	ulet	u for	RO	-2122)
	TO H	dire show	23a	REMOVAL CREM	- 20-2	67	Loudon Pa		emetery	Balt	cation (city, town	d.	(State)
		AI5 (4)	24.	FUNERAL DIRE	ichnes	- Den	ADDRESS /	tuy	Del 258. RE	EC'D BY REGIS	TRAR 25b. REG	ISTRAR'S S(GN	ATUREC.
	20 M	1/65	نتا										



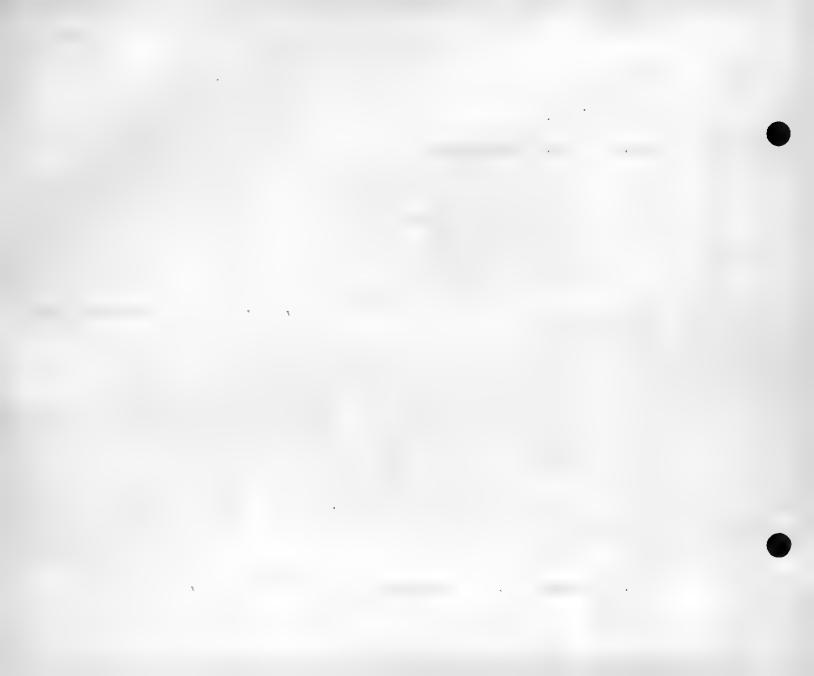
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16572 CERTIFICATE OF DEATH 10564 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE 6. COUNTY MARYLAND Baltimore Maryland Baltimore b (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Towson 21204 A mons aredays d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 11214 York Road YES NO F Dulaney Towson Nursing Home 3. NAME OF Middle First Lost DATE carban Year DECEASED (Type or pont) Kellev and in any event, Boslev DEATH December JE UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remave lost birthdoy) Manths Dovs white DIVORCED 12/19/1884 male and 100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working the even is trued salesman - U.S. Manager Rumford Chemical attending physician sermit. Then please U.S.A. Belfast, Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or removal, William H. Kellev Annie Brooks 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give wor or dotes of service 17 INFORMANT 21204 16. SOCIAL SECURITY NO Address 037-01-1048A Dulaney Towson Nursing Home, 111 West Road no IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hasp tal or attending physician. W 10,13 DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying couse has been be detached far use as the State Dept. of Health priar ta last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO X Recumonia 20o ACCIDENT WAS LINDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm 2D: TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) ((ounty) (Stote) factory, street, office bldg , etc.) Hour a.m. Not While 1945 to DEC 20, 1967, that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased fram. director, page 3 shauld shauld be filed with the DEC: 19 1967, and that death accurred at LHOPM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an-22a SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 12 E.FAGER BALTO, MD 23o. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Dec. 22,1967 Black Rock Cemetery Baltimore Co., Maryland 25b. REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Road VR A15 (4) 25M 1/67 Towson, Md. 21204



DIVISION OF STATISTICAL RESEARCH AND RECORDS. . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, H Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Salli unce MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write_RURAL and give nearest town). miesville 27711 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat address) ON A FARM? 17/18 Reislers wown Kd., rikesville .nd. 1705 Reislerslown Road YES NO D 4. DATE Year NAME OF Middla Month DECEASED DEATH (Type or print) 1967 Jona r.ichael 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED IF UNDER 24 HRS. 5 SEX 8 DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR last birthday] Months Days Hours WIDOWED DIVORCED NOV. 14.1394 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) U.S.A. U.S.Government Newburyport, Mass. Ke vired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary McQuade Gnarles r. Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pikesville S. Mid. (Yes, no, or unkown) | (If yes give war or dates of service) Firs. Sarah Doulevy Kelly, 1/1 reisterstown ha. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Severall a Dans IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (6) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. [c] PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.) 20a, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH Month, Day, Year | 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, Inrm.) 201. (City or town) (County) (Stata) 20c. TIME OF INJURY (actory, streat, office bldg., atc.) While Not While Hour a.m. at work p.m. 22a, SIGNATURE DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Mary's Cemetery Newburyport. Hass. Dec. 18.1967 LD. 250. REC'D BY REGISTRAP 250. REGISTRAP'S VR A15 (4) ISM 7-62



MARYLAND STATE DEPARTMENT OF HEALTH 16574 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16566 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If autside carporate limits, c. LENGTH OF, STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Mount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENC papers d STREET ADDRESS ON A FARMS Mount Wilson State Hospital YES NO D 3. NAME OF DATE pan Year DECEASED DEATH 19 (Type or print) Car event, 9. AGE (In years IF UNDER YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. MARRIED remove lost birthdoy) Manths Doys Hours and in any WIDOWED DIVORCED pup 100 LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? physician (lease ducus most of working life, even if retired) 13. FATHER'S NAME ar remayal. 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, grunknown) (If yes give wat or dates of service 6-07-Records. Mt. Wilson State Hospital burial, crematian, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). ONSET AND DEATH burral-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO signed Conditions, if any, which gave 1 rise to immediate couse (a), DUE TO stating the underlying couse as the has been lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health (1 NO X this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) While Not While 19 et werk of work 21 I certify that (1) (this haspital) attended the deceased from TO FUNERAL DIRECTOR: and that death accurred at 7:00M, from causes and on the date stated above saw the deceased alive on. 220 SIGNATURE 22b DATE SIGNED STAFF M.D PHYS. DIRECTOR PHYS filed pode fried 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mount Wilson. Maryland director, should be NAME OF CEMETERY OR CREMATORY (County) 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY JAL PIMORE MARY, AND after b. CiTY OR TOWN (If outside corporate limits, write RuRAL and give nearest town) c CITY OR TOWN (If outside corporate «mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 24 haurs ESSEX TOWSON filled in paperso d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? 410 TOKNER ROAD YES NO TO PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF 4 DATE DECEASED DEATH DECEMBER 19 67 CORNELIUS KING. (Type or print) AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH **NEVER MARRIED** last birthday) Months WIDOWED DIVORCED DECE BER 18.1920 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT IDo USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY BREVARD, NORTH CAROLINA U.S.A SALESMAN 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, TONES 16 SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) 250-03-5250 ANNE 4-10 TORNERR 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gave primary in pancreas use to immediate cause (a), DUE TO stoting the underlying couse 3 should be detached for use as the with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES X NO Pulmonary thrombo embolism 200 ACCIDENT WAS JNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that IK (this haspital) attended the deceased from OC POBLER 20, 19 67, to D. CENBER 619 67 that (K (we) last saw the deceased alive property in the date stated obove. 226 DATE SIGNED 22a, SIGNATURE STAFF PHYS. 12/6/67 DIRECTOR director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez, M.D. 7620 York Rd., Towson, Nd. 21204 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) ARKWOOD 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR **VR A15** 300 MACE SONS DATEN

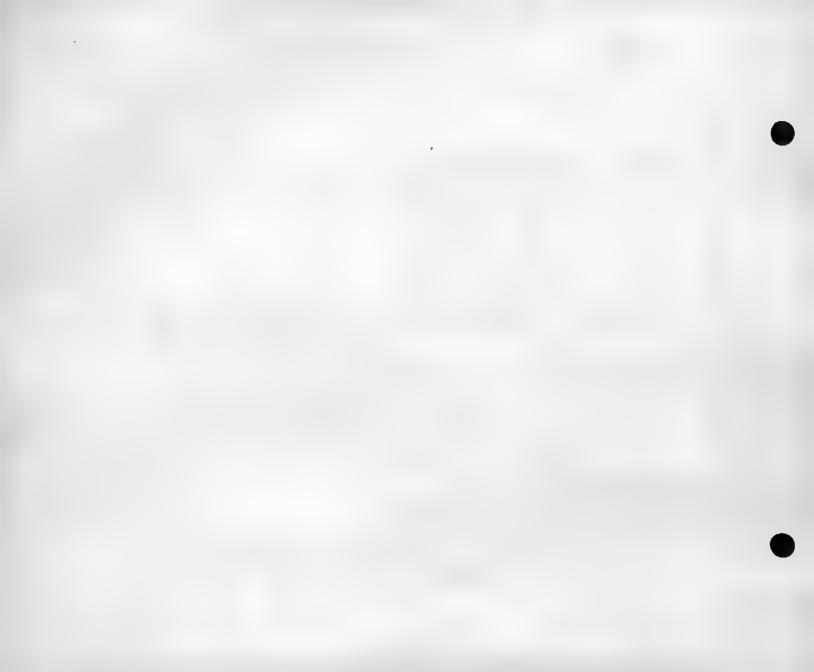


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission. o. COUNTY o. STATE b. COUNTY delay is and 3 to Page Baltimore MARYLAND Maryland C. ENGTH OF STAY IN 15 c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) b (TY OR TOWN (It outside corporate mits, write RURAL and give nearest town) 2, and PM3. P Baltimore 21234 Towson S RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ef Medical Exam ner's Office arang with farm 1709 Edgewood Rd. ST. JOSEPH HOSPITAL YES NO F in Item 18 Give Pages be executed within 24 naurs after death NAME OF Midd e 4 DATE Month DECEASED KIING Elizabeth December 67 (Type or print) DEATH IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HR 6. (OLOR OR RACE B DATE OF BIRTH 7 MARR ED NEVER MARRIED ost burthdoy) Months Dovs Hours August 3, 1906 White w th n 72 havrs after death. Female W DOWED DIVORCED . 11 BIRTHPLACE (Stote or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if grired)

Homemaker Maryland pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ticlen Hibler Hirthur A. Renchen ≘ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes af service) 219-36-580 Mr. Melvin T. King 1709 Edg ewood R.L. 34 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY any event IMMED ATE (ALSE (a) Massive intra-cerebral hemorrhage e, writing the ward farwarded ta the Ch This certificate should DUE TO Conditions, if only, which gove (b) Rupture of a Berry cerebral aneurysm. rise to immediate couse (a), _ DUE TO stating the underlying couse last WAS AUTO ar remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF NJURY (Home, form (City or fown) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour om Not While factory, street, office bldg , etc.) of work may be retained far your FUNERAL DIRECTOR: Page of work Inspection 19 21 I certify that I taak charge of the remains sescribed above, held an Autopsy [1], Inquiry and in my apinian Suicide Hamicide death resulted from Natural causes Acc dent Indetermined manner the funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAM NER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health F. O'Donnell. Address (Street, city, town or county) Charles NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 w REMOVAL (Specify) Moreland Memorial Park Baltimore, Pd. 250 RECD BY REGISTRAR 25b REGISTRAR'S S GNATURE 24. FUNERAL D RECTOR VR A15ME (5) 6M 1/67 line & Sons Reisterstown, Md. Minnea



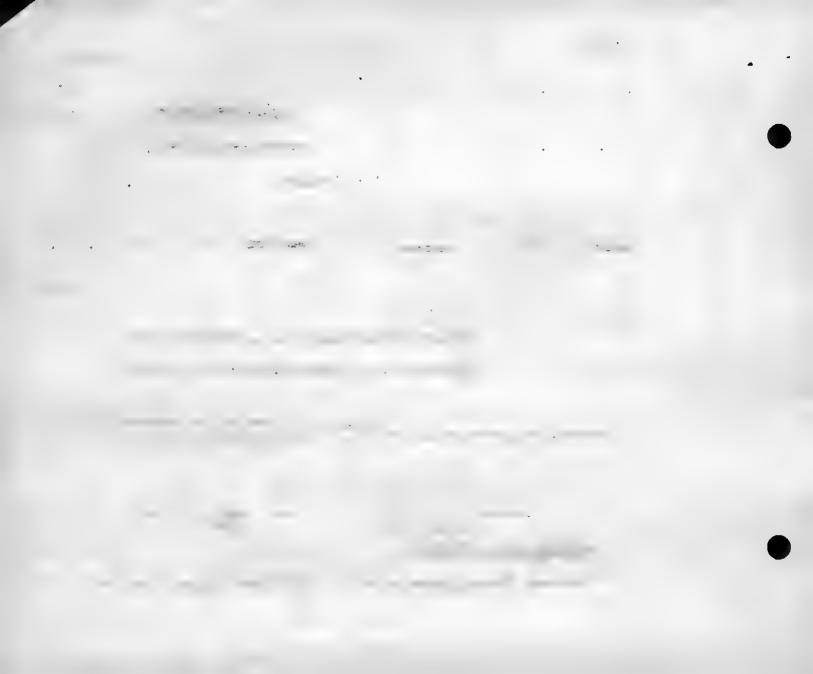
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A Pro-	16577	CERTIFICATE OF DEATH	ĺ	5569
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ertificate be exe physicion and a hen pleose remo reval, ond in ony		11:000000000000000000000000000000000000	v & State, ar lareign country) 12 CIT	IZEN OF WHAT
he death certifi ottending phy permit. Then ion, or remova	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np. ar unknown) (Iff yes give war ar dotes af service)	MAN FINELIA 16 SOCIAL SECURITY NO 17 INFORMANT 216-C1 3178 + 32 Kest	Address REC-0120S	
equires that the physician. signed by the burial fransit burial, cremat	18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave is a immediate cause (a), stoling the underlying cause lost. (c)	for (a), (b), and (c)) Usute myseardn m	Enich	INTERVAL BETWEEN ONSET AND DEATH
N: The or offe or offe has to use o saffh pr	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO		19 WAS AUTOPSY PERFORMED? YES NO
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OR be re DIREG w led w	saw the decepted alive an 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) ROBERT J. MAF	MD ATTENDING D	MED. STAFF DIRECTOR PHYS D 12	ne date stated above ate s.gned 2/18/67 2, Md. 21204
TO HOSPITAL Poge 4 moy Poge 55 to FuneRal Air Should be file	23q BJRIAL, (REMATION, REMOVAL (Specify) 23b. DATE THEREOF	230 NAME OF CEMETERY OR CREMATORY (FIN.		(County) (State)



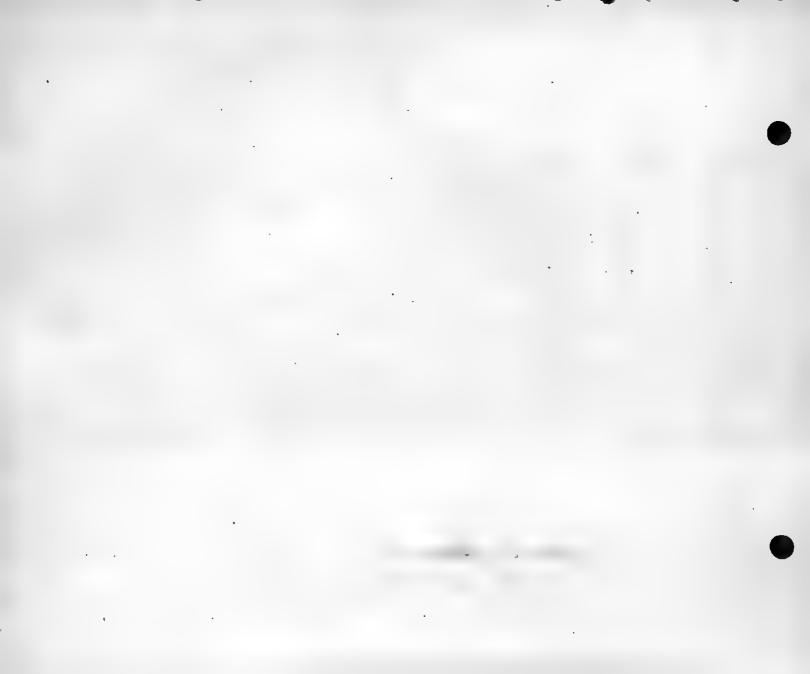
	MARYLAND STATE DEPARTMENT OF HEALTH				
-	K1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
1.	2 6 2	16578 CERTIFICATE OF DEATH			
ed .	s after death. the funeral ages I and 2 rs after death.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed .ved, if institution Residence before admission)			
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	ders de la constant d	BALTIMORE C			
	24 haurs after death. 29 haurs after death. 22 haurs after death.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) OF de STREET ADDRESS LIBERTY WEST APTS. ON A FARM?			
		3524 LANGREHR ROAD, APT D, LIBERTY WEST 3524 LANGREHR ROAD, APT, 1D YES NO NO NAME OF First Middle Lost 4. DATE Month Day Year			
	The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and completely filling as the burial-transit permit. Then please remave carbar, phy priar ta burial, crematian, ar remaval, and in any event, withter	DECEASED (Type or print) FAVE KLAVENS OF DEATH DECEMBER 13, 19 67			
	mple e ca	S SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HI			
	xecu I car mav	FEMALE WHITE WIDOWED DIVORCED 1-24-1890 loss britiary) Manths Doys Hours Min			
	and and in a	10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
	ate icran lease and	during most of working the even diretired) INDUSTRY AT HOME BALTIMORE, MARYLAND COUNTRY? A. COUNTRY?			
	tific ohys on p	13. FATHER'S NAME			
	ng p The	MORRIS LIPSITZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. TREDTUAD RESECT ADJC #21207			
	EATEMBLIEG PHYSICIAN: The law requires that the death certificate be executed wnt retained by the haspital ar attending physician. ECTOR: After this certificate has been signed by the attending physician and campletely should be detached far use as the burial-transit permit. Then please remave carbon with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with the state Dept.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) (Yes, no, or unknown) (If yes give war or dotes of service) MR. LOUIS KLAVENS. 3524 LANGREHR RD. APT. 1			
	IB CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))				
	t tai t things the same	PART I DEATH WAS CAUSE BY. A CUTE Mejocardial Culfre Transport			
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	quire phys igne ourio	(conditions, if any, which gave) (b) Chi the oscillethe Heart Disocord Dys.			
	ing ing ten sen sen sen sen sen sen sen sen sen s	stating the underlying couse DUE TO (c)			
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	YSIC aspragation of the distribution of the di	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	PII The half his etac etac etac	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne form, Hour o.m. 19 While Nat While factory, street, affice bldg, etc.) (City or tawn) (County) (State			
	by the be de distant	21. I certify that (I) (this haspital) attended the deceased fram 10/16, 1965, ta 12/13, 1967, that (I) (we)			
	Ped A Ped	saw the deceased alive an 126 1967, and that death accurred a M, fram causes and an the date stated about			
	it should be staired as the staired	220 SIGNATURE 226 DATE SIGNED			
	be red weed weed w	Collect of Acceptable M.D. PHYS LIST DIRECTOR LI PHYS LIST 1476/			
	TAI AI E	72c. PHYSICIANS DR. ALBERT HIMELFARES 3501 ST. PAUL STREET			
	TO HOSTITAL OF ATTINITIES PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cren	23g BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)			
	Share Share	BURIAL 12-14-67 BETH HAMEDROSH HAGODOL ROSEDALE, MARYLAND			
	VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE			
	25M 1/67	SOL RLEVINSON & BROS. INC., 6010 REISTERSTOWN RD. DATE DEC 18 1967 goliantes Juage			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16579 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence befare admission Baltimore. Nd. o. COUNTY 5 COUNTY Maryland Balto. Balt imore
b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore requires that the death certificate be executed within 24 hour d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Balto. Cnty. General Hospital NAME OF Middle DATE Month Day Year DECEASED (Type or print) OF Oscar. Dec. DEATH S SEX 6 COLOR OR RACE 7 MARRIED IF UNDER 1 YEAR FF UNDER 24 HRS AGE (In years NEVER MARRIED last birthday) Months Hours White Male WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done during mast at warking life, eyen if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, DARAH Gordon Harry Klein IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c) ANTERVAL BETWEEN signed by the burial-tronsit g ONSET AND DEATH PART + DEATH WAS CAUSED BY CUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) 64 12 DUE TO IPERTENSIVE (ARDIDVASCULIAR DISTAST Canditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Dept. of Health prior to 00 PART II OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICIPATION PROTOCOLOGY use SEVERE HYPOTHYROIDISM YES T NO IV FOR THYROID MALIGNANCY 5 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg . etc.) at work 1960 to 12-6-, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 12-6-19.67, and that death accurred at 639 M, from causes and an the date stated above. saw the decaused alive an 220 SIGNATURE 22b DATE SIGNED MLD DIRECTOR ADDRESS O FUNERAL 3502 WEST ROSERS AVE. DALTO. 21215 DECKELBAUM, H.D. 230. BURIAL CREMATION (Stote) REMOVAL (Specify) Vack Cometic VR A15 (4) 6000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Towson Baltimore 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Shealu Avenue Greater Baltimore Medical Center No. mompletely # me carbom pa event, within YES executed within 3. NAME OF Firet Middle Last DATE 4. Month Oav Year OECEASED (Type or print) Kling DEATH 12 Virginia 19 67 Edna 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED and non remone 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS last birthday) Months Days WIDOWED 1/31/10 DIVORCED [Female Cau. ermit. The feare re .⊑ 10a. USJAL OCCUPATION (Give kind of work done), 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INOUSTRY COUNTRY? Home FATHER'S NAME MOTHER'S MAIDEN NAME reurge Kuger unknown 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? ed by the attmd-transit permit. 17. INFORMANT 16. SOCIAL SECURITY NO. I Address (Yes, no, or unkown) | (If yes give war or dates of service) none lu records CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Subarachnoid hemorrhage ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. signed I IMMEDIATE CAUSE (a) burial-t burial. DUE TO Conditions, If any, which Ruptured Berry aneurysm of Circle of Willis gave rise to Immediate the DUE TO cause (a), stating the has be as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate his hed for use at, of Health p PERFORMEO? YES X NO T 20a, ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) factory, street, office bldg., atc.) Hour a.m. While Not While p.m at work at work BINCTOR: Af age 3 should billed with the S 19 67 to 12/6 12/13 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1967 12/13and that death occurred at 9 - 45M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATORE 22b. DATE SIGNEO OR e page ATTENDING 12/13/67 TO HOSPITAL C Page 4 may b DIRECTOR PHYSICIAN director, pa should be fil ADDRESS NAME (Type) John E. Adams, M.D. N. Charles Street NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. REMOVAL (Specify) encoe 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Winnergy VR ALS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16581 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Baltimore lowson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 5 St. Joseph Hospital 10 W. Elm Avenue 21206 NO S MIYSILLAN: The law requires that the death certificate be executed within E 3. NAME OF Middle 4 DATE letely DECEASED (Type or print) OF DEATH KLINK, JR. December 17 GEORGE event. IF JNDER 24 HRS 9 AGE (n years IF UNDER 1 YEAR 5 SEX 6 COLOR OR RACE NEVER MARRIED 3 8 DATE OF BIRTH 7 MARRIED birthdoy) Hours 11-28-27 and in any White DIVORCED Male WIDOWED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Unemployed egse INDUSTRY COUNTRY? physician Balttimore U.S.A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, attending phys Bessie V. Moseman George L. Klink Sr. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Sister - Margaret Pierpoint 220-24-2069 same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Uremia IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Diabetic Glomerulo-sclerosis Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been detached far use as the te Dept at Health priar to Diabetes Mellitus WAS AUTOPS' PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIF CATION YES X NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office blog etc.) Hour a.m. Not While 21. I certify that (4) (this hospital) attended the deceased from saw the deceased alive an 12-17 1957, and the 19 67, to . 1967, that (10 (we) last 12-15 and that death occurred all: 40am from couses and on the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 12-17-67 director, page 3 shauld be filed v 22d **ADDRESS** 22c PHYSICIAN'S NAME (Type) Lawrence Misanik, M.D. 7620 York Road, Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Dal timore Md. Loudon Park emetery Durial 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] DATE DEC 22 Milarelas Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
2 6 2	16582 CERTIFICATE OF DEATH	16574		
fter deoth.	1. PLACE OF DEATH o. COUNTY Baltimore D. STATE Maryland b. COUNTY MARYLAND O. STATE Maryland b. COUNTY	Baltimore		
Z4 V4 2 2 2	b CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest town) Baltimore C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL Baltimore 21212	ond give nearest town)		
within 24 ha	d. NAME OF HOSPITAL OR INSTITUTION (If not to hospitol, give street oddress) 5470 Addington Road d. NAME OF HOSPITAL OR INSTITUTION (If not to hospitol, give street oddress) 5470 Addington Road 512 Dunkirk Road	e IS RES DENCE ON A FARM? YES NO X		
within within	3 NAME OF First Middle Lost 4. DATE Month OF OF OF DEATH DECEN	Doy Year mber 12 19 67		
e executed within 24 and completely filled remove corpor popular in ony event, within 7	5 SEX 6. COLOR OR RACE 7 MARRIED 1 8 DATE OF BIRTH 9 AGE (In years	Months Doys Hours Min.		
te be e ian ond ase rer ind in o	100. USUAL OCCUPATION (Give kind of work done during most of work politic eyes a fretured) NDUSTRY RESTAURANT 11. BIRTHPLACE (County & Stote, or foreign country) Penna.	12 CITIZEN OF WHAT COUNTRY? U. S. A		
rtifico ohysic on ple vol, o	13 FATHER'S NAME Unkown Knaube Unkown			
leoth cer ending p mit. The	15 WAS DECEASED EVER IN L. S ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or doles of service) 162-22-1334 Mrs. Pearl Knaube, Same as			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital or aftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. P should be filled with the State Dept. of Health prior to burial, cremotion, ar remayal, and in any event, within 71 hour	18. CAUSE OF DEATH (Enter only one couse per binefor (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH OFFICE OF THE PROPERTY OF T		
The lar of other of the hos by use os offth prio	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO		
SICIAN sspitol of servification of the form.	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)			
VG PHN the hor er this er this detact	20c TIME OF INJURY Month, Doy, Year Hour a.m. 19 While of work of work forcing the bldg., etc.)	(County) (State)		
TENDIN Sined by OR: Afri ou.d be ou.d be	21. I certify that (I) (this hospital) attended the deceased from Mich 12, 1956, to Rec as sow the deceased alive an 1967, and that death occurred atM, from causes an	nd on the date stated above		
PITAL OR AI may be reto RAL DIRECT r, page 3 sh be filed with	220. SIGNATURE KILLULARD CATEROLING M.D. ATTENDING PHYS DIRECTOR PHYS 22d. ADDRESS 22d. ADDRESS	22b. DATE SIGNED (2/3/6/		
O HOSS Poge 4 O FUNE directo should	230. BURIAL, CREMATION, REMOVALIST 12-14-1967 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town, REMOVALIST 12-14-1967 St. John's Lutheran Cumberland Co	o., Penna.		
VR A15 (4)	23. FUNERAL DIRECTOR WM. COOK—Brooks Towson, 1050 ADDRISS Road 250 RECT BY REGISTRAR 256 REGISTRAR 2	STRAR S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16583 CERTIFICATE OF DEATH 16575 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, PLACE OF DEATH the funeral 2. USUAL RESIDENCE (Where deceosed eved, if institution Residence before admission) a COUNTY **b** COUNTY bul dimore MARYLAND by m. Pagesb CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not a hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? poper's filled bhangri-La Aursing Home 766 Kamuay St. YES NO [NAME OF First Middle Last 4. DATE Month Year carban DECEASED MATILOA Koch (Type or pant) DEATH SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS lost birthdoy) Months Hours Wh in any 2/26/86 WIDOWED DIVORCED gug 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Balto., Md. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME remayal, Ferdinand Koch Katherine ----15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Miss rinnie Koch (Yes, no, or unknown) [If yes give wor or dotes of service] Б 766 Rumsay St. - 212 30 IB. CAUSE OF DEATH (Enter only one cause per line for (o), PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 404.1 DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS) PERFORMED? has for use NO DE certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at work of work 21 I certify that (1) (this hospital) attended the accessed from 110v 10 1964 to les 11, 1967, that (1) (we) los Dec // 1964, and that death accurred at 9: 34 M, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR director, page 3 shavid be filed v M.D. PHYS 22d ADDRESS 22c. PHYSICIAN 4116 Edmondson Ave. NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVA (Specify) Jultamore, I.d. Western Cemetery 2 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR S. S. GNAJUR VR A15 (4) 25M 1/67 - 41Cl Eamondson AV.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15577 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) detay in and 3 ta o. COUNTY a. STATE b. COUNTY ta Baltimore MARYLAND Aaltimore Maryland b CITY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. Raitimore #22 9 Years Raltimore #22 d NAME OF HOSP TAL OR INSTITUTION (If not in haspital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm NO PC 38 Waterview Road (Dundalk) Waterview Road (Dundalk) YES pages 1 and 2 with the State be executed within 24 haurs after death NAME OF 4 DATE Month Midd e Dov Year DECEASED OF DEATH December 17 1967 (Type or print) E UNDER 1 YEAR IF JNDER 24 HRS S. SEX AGE (In years 6 COLOR OR RACE DATE OF B MARRIED last birthday) Manths Days event within 72 haurs after death WIDOWED DIVORCED Male White .1899 10a JSUAL OCCUPATION (Give kind of work done IDb KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 C TIZEN OF WHAT during most of working life, even fretired) **INDUSTRY** COUNTRY? Superintendent Gibbs Packino Cb. Rochester, N.Y. HSA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME permit. F.le John Kolper Cunknoun Anne IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dates al service) 216-10-0974 Mrs. Julia K. Kolper (wife) Same as #2 No Mone INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per Jey burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should DIJE TO л апу Conditions, if any, which gove (b) nse ta immediate cause (a). DUE TO stating the underlying couse and 0.5 WAS AUTOPS: be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) removal, PERFORMED? the certificate, NO F YES T 4 shauld be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 3 shauld Ö PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. crematian, (City or town) (Caunty) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, larm, Hour om While Not While factory, street, affice bldg, etc.) at wark at wark 21. I certify that I taok charge of the remains described above, held on Autopsy Inspection and in my opinion DIRECTOR: deoth resulted fram: Natural causes Accident Suicide Homicide Undetermined manner the funeral directar be retained CHIEF MEDICAL EXAMINER 105 Main St. ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Dundalk. prior SIGNATURE O FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health (Theodore C. Patterson Address (Street city, town, or county) NAME (Type) 23h DATE THEREOF 230 BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) REMOVAL (Specify) Cemetury Haltimores 20,1967 Gardens of Faith Buria) 24. FUNERAL DIRECTOR VR A 15ME (5) 6M 1/67 Singleton

Glen Burnie, Md.

Home

Funeral

DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6581 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) COUNTY Page Fles. b. COUNTY Baltimore Raltimore MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) director. 美 write RURAL and give nearest town) Bowleys Quarters Powlevs Duarters d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 96 26 Middle Rd. 7 e. IS RESIDENCE Boat ON A FARM? Box 26, Route 15 Route 15 YES NO K 3. NAME OF 4. DATE Middle Year DECEASED JILLIAM KRAT SOR (Type or print) Dec. 67 after with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS may 2 and 2 w last birthday) | Months 6/10/1904 white DIVORCED T male WIDOWED [63 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Modern Mfa. Baltimore. Md. Presser Office along with form PM3. burial-transit permit, File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fredrick Kraisser Anna Shach event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | [lifyesgive war or datas of servica] Katherine Karas, friend, above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH-PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUF TO Conditions, if env. which [6] geve risa to immediate cause writing the word "pending" of Chief Medical Examiner's age 3 should be used as a DUE TO (a), stating the underlying besu ion, o eausa last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELACED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0)) 19. WAS AUTOPSY should be i PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW AND BY OCCURED JEnter neture of Injury in Part Lor Part Lor Itam 18.1 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. e 3 MEDICAL 20s. TIME OF INJURY Month, Day, Year 20d. [NJURY OSCURRED , 20a PLACE OF INLURY (Home, farm, 20f. (City or town) [County] (State) factory, street, office bldg., etc.) While Not While at work | al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 DIRECTO death resulted from: Natural causes I. Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER l should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Melvin B. Davis NAME [Type] Address (Street, city, town, or county) 6000 Pre RAJNETEN 10AD 21222 220. BURIAL, CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q 4 0 ₽ 12/19/67 Holy Redeemer Cemetery Baltimore, 4d. 23. EUNERA, DRECTOR Schimunek Funeral Home, Inc. VS. A15ME Brehms Lane



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
	16586 CERTIFICATE OF DEATH 19579
	1. PLACE OF DEATH a. COUNTY BALANO 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND D. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) BAIFINGE 2/2/4
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A Ve ON A FARM? OR EATER BAITIMORE MEDICAL CENTRAL 3/12 CENTRAL YES NOW
	3. NAME OF DECEASED (Type or print) PETER (NMN) A DATE Month Day Year DECEASED (Type or print) NAME OF DECEASED (NMN) RUCIK St. DEATH 12 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1/12/9/9. ACE (In years FUNDER 1 YEAR FUNDER 24 HRS. MALE White Widowed Divorced Divorced No.
	10a. USUAL OCCUPATION (Cive kind of workdone industry) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? USA USA
	13. FATHER'S NAME George Kucik XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. KMAIII Address (Yes, no, or unknown) (If yes give war or dates of service) 218-01-8952A - Mrs. Anala Kucik- Same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the Country DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A Thenosclar fice heart classes, Preummy or DUE TO DUE TO DUE TO DUE TO DUE TO The conditions of the conditions
Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit, should be filed with the State Dept. of Health prior to burial, creman	underlying cause last. (c) Typeorchae infarction
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	State 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While At work at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from // 3 , 19 67, to /2/5 , 19 67, that (I) (we) last saw the deceased alive on // 19 67, and that death occurred at 5 p.M., from the causes and on the date stated above. 22a. SIGNATURE 12b. DATE SIGNED
,	M.D. PHYS. MED. DIRECTOR STAFF X 12/5
	NAME (Type) Dr. A. Renick Greater Balto. Medical Center
)	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUTIAL 28/67 Parkwood Cemetery Baltimore Co, Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
A	Leonard J. Ruck Inc. 5305 Harford Rd. # DAREC 6 1967 golorles Judge

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e. e one fre

1	DIVISION OF	WARTLAND STATE DEPA VITAL RECORDS, 301 W. PRESTOR		RYLAND 21201
.	16587	CERTIFICATE	OF DEATH	1659#
	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where dece o. STATE Md.	ased lived, if institution Residence before odm ssion) b. (OUNTY Baltimore
	b CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)	c length of stay in 16 18 Mo.	Towson	arate limits, write RURAL and give necrest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in College Manor Nur		d STREET ADDRESS Dulaney Valley	e IS RES DENCE ON A FARM? YES NO#
	NAME OF First DECEASED (Type or print) Eva J.Ku		Last 4. DATE OF DEAT	н 12-2-1967 19
	F Cauc	WIDOWED DIVORCED	DATE OF BIRTH 6-28-1875	9 AGE (In years lost birthday) 92 Manths Days Hours Min
dui	o USJÁLOCCUPATION (Give kind af work dane ring mast of warking life, even if retired) H ue sewife	TOB KIND OF BUSINESS OR INDUSTRY	Baltimore, 1	COUNTRY?
	FATHER'S NAME Gershom Johnson		14. MOTHER'S MAIDEN NAME Mary K. McCa	
15 {Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) No .	216 09-0567D	Mrs Helen Chit	Address cick, Towson, Md. 21204
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (c).	Culvel that	cardinasiela	
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONT			YES NO
L CERTIFI	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (E		
MEDICAL	p.m. 17	While Nat While facta	E OF INJURY (Hame, form, ry, street, office bldg., etc.)	(Ciry ar tawn) (Caunty) (State)
	21. I certify that (I) (this hospith saw the deceased alive an 220 significant	of attended the deceased from	death accurred at 1400	to Accomber 49 67, that (1) (we) to: M, from causes and an the date stated above 22b. DATE SIGNED/
	22c. PHYSICIAN'S NAME (Type) A. Allen	Spier MD	ATTENDING MED. PHYS DIRECTOR 22d. ADDRESS	STAFF D 47/4/67
	o. BURIAL (REMATION, REMOTAL FAMILY). Burial 12-5-6	7 Loudon Par	·k	LOCATION (City or Tawn) (County) (State) Raltimore, Md.
2	4. FUNERAL DIRECTOR Wm. Gook-BrooksTo	ADDRESS wson, T wson, Md.212	250. REC D BY REGIS	1967 (Clearla, Jusque



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16583 CERTIFICATE OF DEATH 1:587 death. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) o. COUNTY a. STATE b. COUNTY Balto MARYLAND b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Beltin The law requires that the death certificate be executed within 24 hauff 1 clav TOW SON e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 348 Broadmoor YES NO X NAME OF Middle 4. DATE DECEASED NEWEN (Type or print) DEATH 19 IF UNOER 3 YEAR IF UNDER 24 HRS 9. AGE (In years 7 MARRIED **NEVER MARRIED** last birthdoy) Hours ond in ony WIDOWED DIVORCED 12 CITIZEN OF WHAT 1Do LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or Foreign country) during most of working life, evan if retired) INOUSTRY COUNTRY? HUSTRIM AH HOUS -OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) unknown After this certificate has been signed by the othe be detached for use os the bural-tronsit perr State Dept. of Health prior to burial, cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH OCANDIAL IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUF TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) DEHYDRATION & ELECTROLYTE IM BALAMCE 2Do ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) CERT OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased fram. 1967, to 12/24 , 19<u>62,</u> that (1) (we) last director, page 3 should should be filed with the 19 62, and that death accurred at 3.75 P.M., fram/causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an_ 220. SIGNATURE MED. DIRECTOR **ATTENDING** M.D. PHYS 22d. ADDRESS B. 22c. PHYSICIAN'S-NAME (Type) EN EIL H. B KU C13 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23h. DATE THEREDE 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify)
Burial Oaklawn Baltimore County. 195 266 REGISTRAR S. SIGNATURE funeral director W. Jenkins VR A15 (4) 25M 1/67 & Sons Co.



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Marvland Baltimore c. CITY OR TOWN (If outside corporate simils, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) Reisterstown vears Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hanover Road Hanover Road YES NO X 3. NAME OF First 4. DATE Month Yaar M ddle DECEASED Annie Silex December 67 (Type or print) Landau 19 9. AGE (In years | IF UNDER I YEAR) 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months Hours WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Stettin, Germany Housewife 13. FATHER'S NAME 1. 14. MOTHER'S MAIDEN NAME aftending Heinrich Silex Anna Hennig 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOC AL SECURITY NO.1 17, INFORMANT Hanover Rd [Yes, no, or unxown] (If yes give war or dates of service) Dr. S. Walter Landau Reisterstown 18. CAUSE OF DEATH [Enter only one cause pe hire for (e), (b), and (c) g physici signed by PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Interios elevotic cardio-vasenlar disease Conditions, if any, which gove rise to immediate cause DUE TO (a), steting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[6] 19. WAS AUTOPSY PERFORMED? NO PG 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of itam 18.) 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. 1 certify that (I) (this holdital) attended the deceased from J. V.A. and that death occured at A.j.M., from the causes and on the date stated above. saw the deceased alive on.a. 22b, DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. HOSPITAL eath. Page 4 FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Walter Landau 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) ÷ 8 Gardens Finksburg, Maryland 0 Dec.30,1967 Ever green Mem. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Owingw Mills. Md. DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16590 ×5583 CERTIFICATE OF DEATH déoth. law requires that the deoth certificate be executed within 24 hours after deoth funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore MARY! AND pes b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) B IS RESIDENCE ON A FARM? a NAME OF ROSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Shore Road Home. NO AC YES 3. NAME OF ¥. 4. DATE please remove carbon Last Day Year signed by the ottending physicion and completely buriol-transit permit. Then please remove carbor DECEASED OF Type or print DEATH December 6. COLOR OR RACI DATE OF BIRTH AGE (In years IF UNDER TE UNDER 24 HRS **NEVER MARRIED** last of thatay) Manths Haurs Sept. and in any DIVORCED OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b 31 BIRTHPLACE (County & State, or foreign country) during most of working life, eyen if retired) INDUSTRY **COUNTRY?** Housewite 13 FATHER 5 NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal justav Walter Marie 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCESS 17. INFORMANT 700 Meridene (Yes, no. agunknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO te hos been s use as the b olth prior to b stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 WAS AUTOPSY PERFORMED? ed for use of Heolth CERTIFICATION NÛ O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) be detached i State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur am. factory, street, affice blda, etc) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased frame University director, page 3 should should be filed with the and that death accurred at A. M. fram causes and an the date stated above saw the deceased alive and U2 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. 22c. PHYSICIAN NAME (Type) BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) emeteru 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq REED BY REGISTRAR Marles VR A15 (4) Inc. Balto. Md.

· C . Line w w.

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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16592 CERTIFICATE OF DEATH 16585 deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b** county. BALTIMORE RALTIMORE offer MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

TOWSON E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours TOWSON d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENC ON A FARM? 149 STEVENSON 149 STEVENSON NO X YES NAME OF corbon Middle 4 DATE Lost Month DECEASED WILLIAM LEUTNER cremation, or removol, and in ony event, (Type or print) DEATH DECEMBER S. SEX 9 AGE (In years 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Dovs Hours MALE WHITE SEPT. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) attending physician (sermit. Then please RED if retired) during most of working **COUNTRY?** BALTIMORE, MARYLAND II.S 13 FATHERS NAME HENRY LEUTNER 14 MOTHER'S MA DEN NAME ELIZABETH HERION 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 216-07-1460 MRS **ELEANOR JOHNSON** SAME INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for Te signed by the buriof-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO be detoched for use as the burial-State Dept. of Health prior to burial, Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse certificate has been last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 18) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour o.m. factory, street, office bldg , etc.) Not While of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram. 1960 director, page 3 should should with the saw the deceased alive on of , and that/death accurred at M, from Jauses and on the date stated obove. 22o SIGNATURE 22b DATE SIGNED MED. DIRECTOR aliriuer MD PHYS PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) DR. LAWRENCE C. POST 6805 YORK RD. BALTIMORE MD 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (Stote) (County) 12-22-67 MARYLAND TIMONIUM. DULANEY VALLEY 250 RECD BY REGISTRAR ADDRESS 25b REGISTRAR'S SIGNATURI WIEDEFELD HOME DATE BALTIMORE __MD __2L



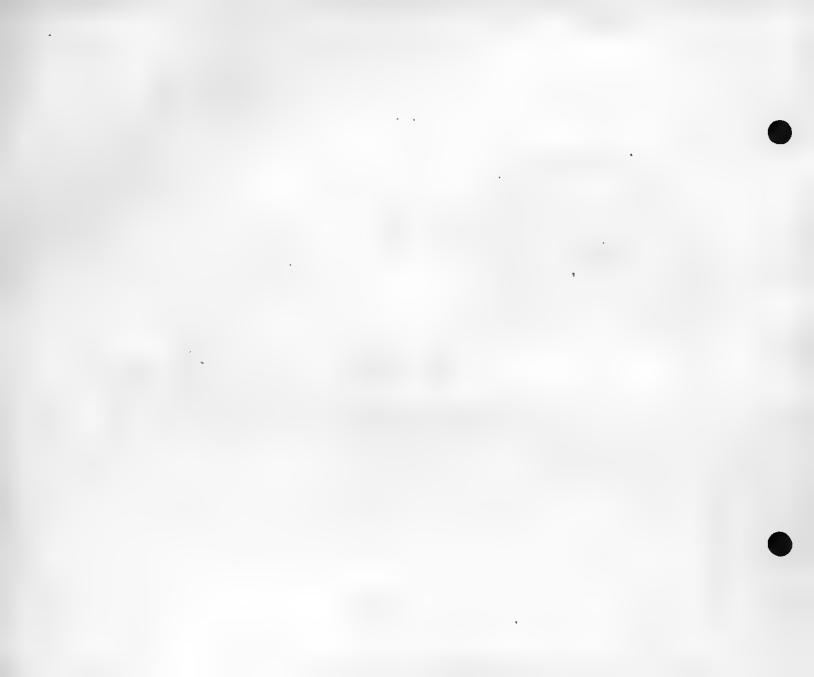
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a COUNTY a STATE **b** COUNTY MARYLAND Maryland b CTY OR TOWN (If outside carparate mits, C. ENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) B Woodlawn Woodlawn d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCI ON A FARM? outh form 10 YES | NO 3410 JoAnn Drive 3410 Joann Drive D.O.A be executed within 24 hours after death. NAME OF 4 DATE Month DECEASED (Type or print) DEATH HAROLD LEV December alang* 6 COLOR OR RACE 7 MARRIED K AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 8 DATE OF BIRTH last birthdov) Months Hours JUNE 26. 1928 WIDOWED DIVORCED 39 White Male IDO USUAL OCCUPATION (Give kind of work done IDS KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT U.S.A. during most of work na life, even if retired) BALTIMORE, MARYLAND d "pending in pencil in Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME haurs CARL LEV GUSSIE BUTENSKY 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOC AL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service _ MRS. PHYLLIS LEV. 3410 JOANN DRIVE #21207 NO with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY ONSET AND DEATH event Gunshot wound of the head MMFDIATE CAUSE (a) ward This certificate should DUE TO any Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIDI 19 WAS AUTOPSY PERFORMED? remayal, NO X 2Do EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter wature of injury in Port I or Port II of item 18.) shauld CAUSE OF DEATH Subject shot hims if 2Dc T ME OF INJURY Month, Day, Year 2Dd INJURY 3 2De PLACE OF I . RY (Hame, farm (City or town) (County) (State) Haur a.m. foctory, street office bldg., etc.)
Home Not While may be retained far yaur FUNERAL DIRECTOR: Page of work at vark X Md. Pro. 6 MXX 12 3 1967 Woodlawn Balto. 21 I certify that I took charge of the remains described above, held on Autopsy Inspection [X], Inquiry [7], and in my opinion death resulted from Natural courses Actident Suicide X. Homicide Ungetermined monner the funeral director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNEI Health NAME (Type) Edward F. Wilson, M.D. Address (Street, city, tawn, ar county) December 3 1967 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23d LOCATION (City or Town) (County) BURTAL (Specify) BALTIMORE. MARYLAND 12-4-67 BETH EL MEMORIAL PARK 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) \$OL LEVINSON & BROS.INC.. 6010 REISTERSTOWN ROAD DATE DEC 5 2 6M 1/67



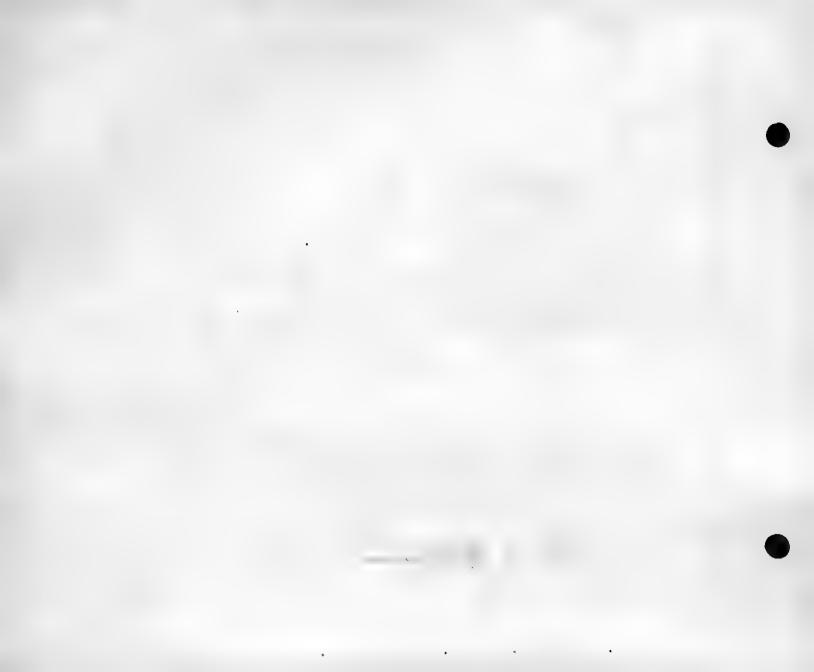
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16594 CERTIFICATE OF DEATH 15587 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, Twrite RURAL and give nearest town) C LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carparate limits, write RURA) and give nearest town) Boltimone requires that the death certificate be executed within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 9850 Henford Road hespeake Manor Nursing Home YES [NO Î NAME OF 4. DATE Middle First Manth Yeor DECEASED 'ecember 25. burial, cremation, ar removal, and in any event, (Type or print) DEATH S. SEX 6 COLOR OR RACE AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED iast birthday) Months WIDOWED 10a JSUAL OCCUPATION (Give kind at work done TOP KIND OF BUSINESS OF 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT g physician o Then please during most of working life; even if retired) COUNTRY? Reisterstorn 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Liste Annie (r. wlord 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, not prunknown) (If yes give war or dates of service) Mrs. Emmitt Power 9850 H. r. and Rd. Balto. M 18. CAUSE OF DEATH (Enter only one cause per line for (g). (b) and (c).) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause as the prior tak 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 206 DESCRIBE HOW HATURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day, Year (City or Jown) (Caunty) (State) TO FUNERAL DIRECTOR: After this foctory, sweet, office bldg , etc) 21. I certify that (1) (this hospital) attended the deceased fram 196 saw the deceased alive or 20019 6 7 and that death accurred at M, from causes and an the date stated 22g. SIGNATURE 22b. DATE S GN/T ATTENDING MED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Lutheran Cemetery Reisterstoun. Ma 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR line & Sons Reisterstown, Md.



ī	MARYLAND STATE DEF	
FOR STATE		CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH O COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where decreased fixed, if institution. Residence before admission)
f Griy delay 1, 2, ond 3 m PM3. Pog Depentment	b CITY OR TOWN (If outside corporate imits conform of STAY IN to write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ockersville
Stote Deep	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) St. Joseph's Hospital	d STREET ADDRESS ON A FARM? 10313 . valco lin Circle 0 IS RESIDENCE ON A FARM? YES \(\) NO \(\)
fer death 1 Give Pages ang with far th the State	3 NAME OF First Middle DECEASED (Type or print) Lock	
병 등 등 .	Female 6 COLOR OR RACE / MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH Hpril 12, 1986 9 AGE (In years leunder 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
24 hours (in Item 18 er's Office ofter death	100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUS NESS OR INDUSTRY 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUS NESS OR INDUSTRY 100 USJAL OCCUPATION (Give kind of work done during most of working most of work done during most of working most of work done during most of working most of working most of working life, even if retired)	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT US; COUNTRY?
ed within the pendle of Exominer of Exominer of File page 72 hours of the page	13 FAIHERS NAME Thomas T. Russell	14. MOTHER'S MAJOEN NAME Lizabeth Sutton
i i i	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknown) (If yes give wor or dotes of service) (10 17.	INFORMANT Address Emily records
ld be execution of pending Ch.ef Medic Ch.ef Medic transit perm event with n	1B CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a)	DOLOSIONE SINTERVAL BETWEEN
the word 'per the word 'per ta the Ch.ef I i buriot-transit in any event v	Conditions, if any, which gave (b) (b) (c) (c) (c) (c) (d)	ucene allemosilina
fination of the state of the st	stoting the underlying couse (c)	attend / cocular form
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ver: The certifice hauld be lies. Should I	206 DESCRIBE HOW INJURY OCCURRED PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Port or Port Lof Item B)
XAMIN te the ge 4 sh your fill age 3 s	Hour om. pm. 19 While Not While of work of work	LACE OF INJURY (Home, form, octory, street, office bldg , etc.) (County) (Stote)
rtal Ese executor. Page for sed for ECTOR: Eburnol, c	21 I certify that I took charge of the remains described above, I death resulted from Natural causes to Accident, Su	gride, Homic de, Undetermined monner
pleos pleos I dire retair	ACTUAL SIGNATURE CONTROLLED OF THE STATE OF	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SS	EXAMINER'S NAME Type) Charles F. O'Donnell, M.	
TO D nece the 5 m 10 FU	230 BURIAL, CREMATION, 236 DATE THEREOF 231 NAME OF CEMETERY OF CE	R CREMATORY ter: 23d LOCATION (Cry or Town) (c) 1978 (stote) 25o REC D BY REGISTRAR 25b REGISTRAR'S GIGNAMIRE
VR A15ME (5) 6M 1/67	jo'n wins Sons, To son, no land	DADEC 2 7 1967



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T T		LACE OF DEATH COUNTY	ltimore			MARYLAND	2 USUAL RESIDER	ICE (Where di	eceosed lived, if	institution Re		odmission)
Ì	Ŀ		f outside corporate limits i give nearest town)	j,	C. LENGTH OF S		CITY OR TOWN	(If outside co	rporote limits, wi			own)
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-	5 9	FCEASED Type or print) EX	Clare	nce 7 MARRIED	Edwa	ard ARRIED K	Lohran	OF DE	ATH 9. AGE (In ye	12	7 NDER I YEAR	19 67
-	10-	M	Cau	WIDOWED	DIV	ORCED 🔲	5/5/04		lost birth	loy) Mon yrs		Hours Min
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		father's name Peter Lo	phran				14. MOTHER'S MAI					
	15 (Yes	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16	social security		NFORMANT Vincen	t M. I	Lohran	Address 7 \$11 N	Luzen	na A VE
		18. CAUSE OF DI	e couse (a), DUE	(o) <u>Car</u> TO (b) <u>Car</u>		iratory	failure				UNTER	VAL BETWEEN T AND DEATH
	CATTON	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NO	OT RELATED TO	HE TERMINAL DISEAS	E CONDITION	GIVEN IN PART	(0)		VAS AJTOPSY ERFORMED?
	MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				(Enter nature of inju	,		,		
	MEDIC	Hour our	n. 19	While of work	⟨	foct	CE OF INJURY (Home bry, street, office bldg	., etc)	Of (City or to		(County)	(Stote)
		21. I certificate saw the do	y that (1) (this has ecoased alive an	Dec. 6	ded the deced	osed fram Z_, and that	Dec. 2 death accurred	_, 19 <u>_67</u> i at <u>7:30</u>	aM, from co	uses and a	19 <u>6.7</u> , tha on the date b. DATE SIGNED	
		22c PHYSICIAN 9 NAME (Type)	John E.	Adams.	Rus M.D.	M C	22d. ADDRESS	DIRECTO	or D Staff PHYS Charle	Ž	12/7	
-		BJRIAN, CREMATIO REMOVAL (Specify	ON, 23b DATE THE 72/11/		I 22. MAME OF	Redeen	CREMATORY en Cemet	72.	Baltima	or Town)	(County)	(Stote)
,	-19	FUNERAL DIRECTO	-	3000 E	· Balt	imore S	ZSo.	DEC 1	1 1967		100 1000	nige.



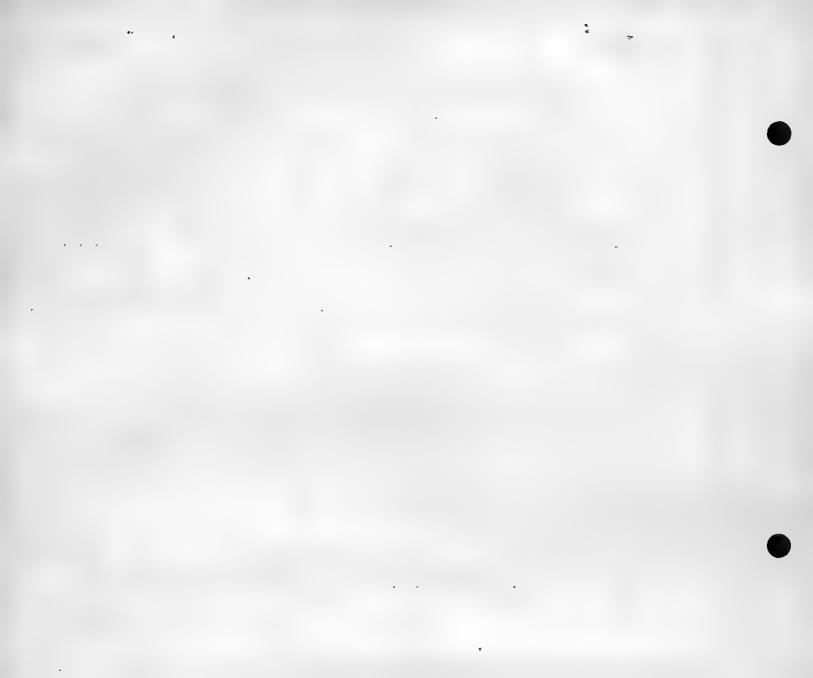
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1: MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY hours after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX ESSEX e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS ON A FARM? MACE AVE NO 4 YES executed within 3. NAME OF Middle DATE Month First Last OFCEASED (Type or print) DEATH 19 even AGE (in years | IF UNDER 1 YEAR last birthday) | Months | Days 5. SEX OATE OF BIRTH 9. IF IINOFR 24 HRS 6. COLOR OR RACE 8. 7. MARRIED Hours and and in any WICOWEO OLVORGEO [12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INOUSTRY COUNTRY? 15/7 CLERK COUNT **FATHER'S NAME** 14. MOTHER'S MAIOEN NAME removal attending progressions of the second strength MILLE MARISARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. this certificate has been signed by the atten detached for use as the burial-transit permit. te Dept. of Health prior to burial, cremation, or death (Yes, no. or unkown) (If yes give war or dates of service) EL12 ABETH LOTZ ONSET AND DEATH CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c). **OEATH WAS CAUSED BY:** be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate OUE TO cause (a), stating underlying cause last, (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO □ YES [OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIOENT WAS LINOERLYING (OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Oav. Year 20d, INJURY OCCURREO 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State Hour a.m. While Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 574 M, from the causes and on the date stated above. saw the deceased alive on SHOWATURE 22b. DATE SIGNEO 22a. ATTENDING PHYS. M.O. Page 4 may PHYSICIAN'S 22d. AODRESS - NAME (Type BURIAL, CREMATION. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. REMOVAL (Specify) BALTO REGISTRAR'S SIGNATURE ADORESS 25b. FUNERAL DIRECTOR 196 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

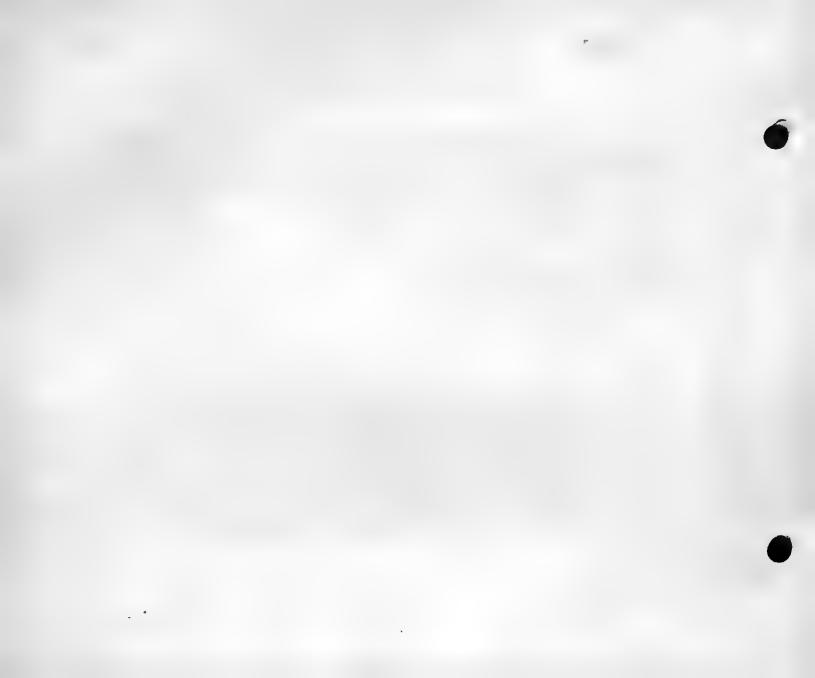
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 6593 requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before adm ssion) PLACE OF DEATH **b.** COUNTY o COUNTY MARYLAND HARFORD BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, 53 DAYS **EDGEWOOD** e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d, STREET ADDRESS 329 MC CANN STREET VETERANS ADMINISTRATION HOSPITAL NO DX NAME OF Middle 4. DATE Day Year First `≅ DECEASED (Type or print) 19 67 LOWE. JR. DECEMBER 18 JOHN GEORGE DEATH event, IF JNDER 1 YEAR IF UNDER 24 HRS AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost hirthdoy) Dovs Hours ллу 6, 1915 and in any WHITE WIDOWED DIVORCED MALE and 10b. KIND OF BUSINESS OR 13 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) EDGEWOOD ARSENAL STREET, MARYIAND 14. MOTHER'S MAIDEN NAME 13. FATHER S. NAME ... crematian, ar remaval, a signed by the attending popular signed by the attending popular signed by the attending and the attending the attending the attending the attending to the at JOHN/LOWE, SR. AGNAS A. MARTIN 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service 215 14 53 88 CLIN, RECORDS, VA HOSPITAL, FT HOWARD, MD. YES WW INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TUBERCULOUS MENINGITIS IMMEDIATE CAUSE (o) attending physician DUE TO Conditions, if ony, which gove MILIARY TUBERCULOSIS rise to immediate cause (a), DUE TO stoting the underlying couse as the priar to has been PERFORMED?

YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health CERTIFICATION BRONCHOGENIC CARCINOMA WITH ADRENAL METASTASIS AND BRONCHOPNEUMONIA this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH etached f (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (County) (Stote) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) ot work L of work TO FUNERAL DIRECTOR: After 10/20/07 to 12/18/6 19 21. I certify that (1) (this haspital) attended the deceased fram. be retained 0 and that death accurred at 3:00MMfram causes and an the date stated above. saw the deceased alive an 12/18/67 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 12/19/67 MD 22d. ADDRESS TO HOSPITAL (Page 4 may b PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. director, should b 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ((ounty) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify)
BUR LAL Dec. 21, 1967 BEL AIR, MARYLAND BEL AIR MEMORIAL GARDENS 250 REC'D BY REGISTRAR 256. REG STRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR HC, MARD K. COMAS FUNERAL HOME **VR A15** 25M 1/67 ABINGDON, MARYLAND





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10594 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY BALTINORE MAKYLAND MARYLAND BALTIMORES b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CURAL . BALTMORE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CHES TNUT ND 🖂 with completely 3. NAME DE Middle Month Year DECEASED - BANETTE IRENE (Type or print) MACKLEY 5 DECEMBER DEATH 1967 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH ACE (in years | FUNDER 1 YEAR | FUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. WIDOWED [DIVORCED [-3 yrs. 5 10a. USUAL OCCUPATION (Cive kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) BEPT. STORE RSON NEL SUPERV. SOR 1,54. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NOR WAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 6 (Yes, no, or unknwn) | (If yes give war or dates of service) 1 80-10-7450 ABOUE. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM EMETANASES MO DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO 🗔 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1967 to DEC 5, 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from_ MAY saw the deceased alive on DEC. / 19 67, and that death occurred at 10.50M, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED PHYS. DIRECTOR TO FUNERAL PHYSICIAN'S ADDRESS director, p should be LOCH KAUEN BLUD BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
York, Pa.
Manchester Township 23b. (State) REMOVAL (Specify) Prospect Hill Cemetery 12/6/67 Township **FUNERAL DIRECTOR** VR AL5 (4) 20M 1/65



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	<u>-</u> 62 -:		16602					OF DEATH		EI, DALIIII	1 3	50°	
hours after death.	funeral and 2 death.	1.	PLACE DF DEAT a. COUNTY			·		2. USUAL RESIDENG	CE (Where	deceased lived, if i		sidence befo	re admission)
after	# Tang)-		altimore /N (if outside corpo . and give nearest t	rate limits,	MAR)	YLAND Y IN 1b	c. CITY OR TOWN (If	rulana oùtside d	orporate limits, w	rite RURAL	imone and give ne	arest town)
SING	E 13		Rural -	Towson		1 day		Town	20			a 2	
22	filled pagers. pin 72			spital or institui Baltimore		hospital, give street a	address)	d. STREET ADDRESS	vale i	Road		e. IS ON YES	RESIDENCE A FARM?
executed within		3.	NAME OF DECEASED		First	Middle		Last	4. DAT	E Mon	th	Day	Year
w pa	completely we carbon event, wit	5.	(Type or print) SEX	Kathr		Elizabet	1 -	Manley DATE OF BIRTH	DEA	TH 12 9. AGE (In years	I IF UNDER 1		19 67 IDER 24 HRS.
xecut	any can	F	emale	White	WIDOWE	D DIVORCE	20 /	pril 8, 189	16	last birthday)			urs Min.
	ician a ase ra nd in	10a du,	.USUAL DCCUPATING MOST of Work	FION (Cive kind of wo ling life, even If reti	rk done 10b. red)	KIND OF BUSINESS OF	R	11. BIRTHPLACE (C				IZEN OF W	HAT
cate	phys n ple val, a		FATHER'S NAN			Jun Home	1	14. MOTHER'S MAIL	OEN NAME		1 (4	7a	
ertifi	ding The Femo			rick L. Lo				Kathrus	2 Shee	edy			
eath c	atten ermit. on, or	(Y)	s, no, or unkown)	EVER IN U.S. ARMED (If yes give war or date	FORGES? 16 is of service)	S. SOCIAL SECURITYNI	0. 17.	informant Fumily new	nds	Addr	ess		
le d	The law requires that the death certificate be or attending physician cate has been signed by the attending physician r use as the burial-transit permit. Then please seath prior to burial, cremation, or removal, and in					line for (a), (b), and ((c).]					INTERVAL ONSET A	BETWEEN ND DEATH
hat t			TTRA	IMMEDIATE CAUS	SE (a)	lignant_h	ypert	ension with	uren	ia			
res 1	phys sign puria buria		Conditions, If	any, which }	(b) M	lalignant ne	ephro	sclerosis					
ređuľ	ding been the l		gave rise to cause (a), s	tating the DU	JE TO								
WS.	attendi has b as th prior	NO	PART II. OTHER	THE PERSON NAMED IN COLUMN 1		ypertensive					N PART 1(a)	19. WAS	AUTOPSY FORMED?
	ificate h for use Health p	ICATI										YES X	FORMED?
PHYSICIAN:	the hospital or a r this certificate detached for use te Dept. of Health	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING INC CAUSE OF DE TIFY MEDICAL EXAM	EATH WINER) 20b.	DESCRIBE HOW INJU	JRY OCCUF	RRED. (Enter nature o	f Injur y In	Part I or Part II	of Item 18.)		
G PHY	Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	MEDICAL	2Dc. TIME OF Hour a.e		While	e - Not While -	20e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e	erm, 2Df.	(City or town)	(Cour	ity)	(State)
ATTENDING	hed It. Aff	-				ded the deceased f			9 67, t) (we) last
ATTE	ctai CTO Sho ith t		saw the de	ceased alive on	12/6	19_67,	and that	death occurred at 5		from the causes		e date sta	ted above.
2	y be DIRE		V	lue E	Allan	المستسدما	M.D.	PHYS.	AM MED. DIRECTOR	STAFF PHYS.		2/6/6	7
SPITA	4 ma IERAL tor, p d be f		22c. PHYSICIA NAME (T	John E.	Adams,	M.D.		22d. ADDRESS	01 N.	Charles	Stree	t.	
TO HOSPITAL	Page 0 FUN direc shoul	232	BURIAL, CREM	AATION. 23b. DAT	E THEREOF	23c. NAME OF C				LOCATION (City,		1 1	(State)
_		24			1 7,17	ADDRESS	7.44	25a. RE	C'D BY RE		REGISTRAR'S	SIGNATUR	E
V 20	R AIS (4)	1	oun o	Herus &	ons	Jouna	VI	DATE DE	C 1 1	1967	Charl	es Jus	ye_



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16603 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE ofter Baltimore MARYLAND Marvland c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Lutherville, 21093 The law requires that the death certificate be executed within 24 hours Towson d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? signed by the attending physician and completely filled buriol-tronsit permit. Then please remove corbon page pd St. Joseph Hospital 1101 Longbrook Rd YES NO 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED 19 67 21 Martin December Edgar avius and in any event, (Type or print DEATH IF JNDER I YEAR 9. AGE (In years IF UNDER 24 HRS S SEX 6 (OLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH last birthday) Manths Days Haurs White Male WIDOWED DIVORCED August 16,1901 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) ANDUSTRY-COUNTRY? retired (XCC. Mississippi
14. MOTHER'S MAIDEN NAME or removol. lla fard esteir 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ma, or unknown) (If yes give war or dates of service Family records cremation. INTERVAL BEIWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac arrythmia IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave Myocardial infarction nse ta immediate cause (a), r this certificate has been si detached for use os the bi te Dept. of Health prior to bi DUE TO stating the underlying cause **O HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospital or ottending Coronary arteriosclerosis last. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔼 NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur am factory, street, affice bldg. etc.) Nat While at wark at wark TO FUNERAL DIRECTOR: After oge 3 should be filed with the Stot 19 67 , ta Dec. 21. I certify that 4) (this haspital) attended the deceased from Dec. 16 19 67, that (ft (we) last 1967, and that death accurred a 2:55 pM, fram causes and an the date stated above. saw the deceased alive an Dec. 21 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 12/21/67 M.D PHYS poge. 22d ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 Ines Cilliani NAME (Type) director, I should be 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) ADDRESS PROPERTY ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ons. 10" son.



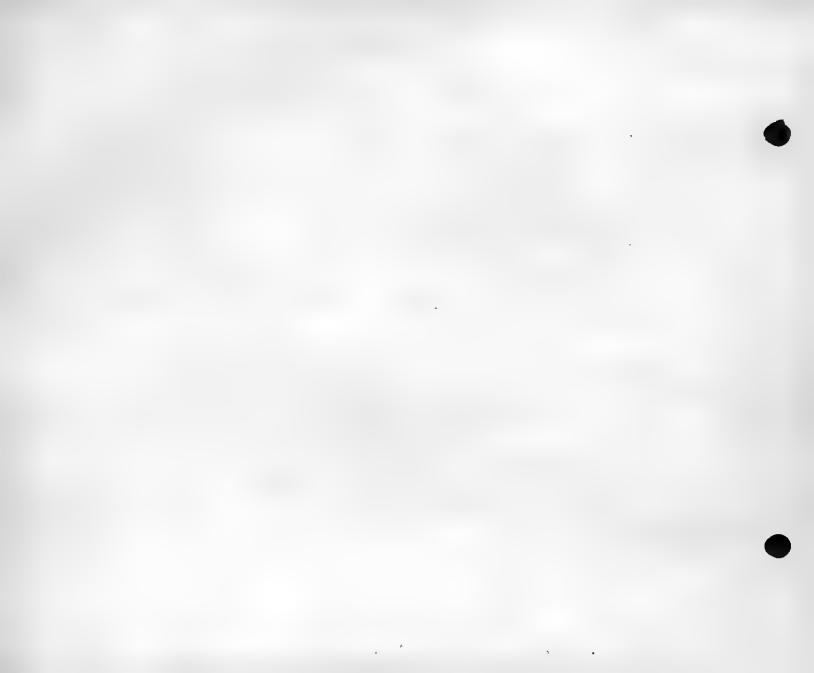
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmiss on COUNTY b. COUNTY a. STATE Baltimere Co. Marvland Baltimere MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres! town) write RURAL and give nearest lown) Hvdes Hydes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Patterson Rd. YES NO 3. NAME OF DATE Middle Lasi Month Yes DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED 8 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boston Mass. USAL 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Smp. Obidiah Firth Wells Helen Deeds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] , [Ifyes give war or dates of service] Pattersen Rd Hydes Md. 525-26**-**3389A Mr. Samuel Masland 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise lo immediale cause **DUE TO** (a), sleting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? USB 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Iam 18.) 200 ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 201. [City or fown) (County) (Steta) factory, street, office bldg , etc.) Wh la Not While Hour s.m. at work at work 419.67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PUNERAL HOSPITAL 22d. ADDRESS 72c. PHYSICIAN'S NAME (Type) director, be filed Richard Na 23d. LOCATION (City, lown or county) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 01 Grematory Baltimers, Md. REGISTRAR, S. SIGNA 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4)

GAGE DEDAP

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16605 1 5 5 9 8 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before adm ssign) a. COUNTY ALTIMORE b. COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY DR TOWN outside corparate limits, write RURAL and give nearest town) Amo. Edans TIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address), IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSP NAME OF Middle First 4. DATE Month Year DECEASED 10020 ond in ony event, (Type or pnnt) 19 6 DEATH S. SEX 6. COLOR DR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Slale, or foreign country) COUNTRY? W.S. A. Co. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or remayol. William Mathias Amelia Horton IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 5903 Cecil Ave (Yes, no, or unknown) (if yes give war or dates of service Mrs. Barbara Mathias. 220-01-2489 21207 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH myocardial IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave rise to immediate cause (a). DHE TO stating the underlying cause #e State Clept, of Health prior to 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS' PERFORMED? YES NO JP certificate 200 ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18) DR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NDTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) Nat While Hour a.m. factory, street, affice bldg., etc.) at work 21. 1 certify that (1) (this haspital) attended the deceased from ALG & 1967, to DEC 10, 1967 that (1) (we) last saw the deceased alive an Dec. 10 19 67, and that death accurred at 3.18M, from causes and on the date stated above FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v M D PHYS 22c PHYS, CIAN'S 22d ADDRESS NAME (Type) SPRING GROVE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURLAL 12-13-1967 Lorraine Park Cemetery Woodlawn, Maryland 0 24 FUNERAL DIRECTOR 25b+ REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. 21229



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE	16606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	590
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Reside a. COUNTY	
370 (17)	BALTIMORE 21222 MARYLAND BALTIMORE	
the funeral 5 may be beginned.	b. CITY OR TOWN (if outside corporate limits, write RURAL end write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end	give nearest town)
a de la company	DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
O - all 11 40	55 NORTHSHIP ROAD 55 NORTHSHIP ROAD	ON A FARM?
delay 1 nd 3 to Page State state		YES NO X
MA3 MA3 The the	(Type or print) RALPH FRANKLIN MATTOX DEATH 26 DECEMBER.	19 67
ith. If a form P form P 2 with withIn	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YE last birthday) Months Day	AR IF UNDER 24 HRS.
ath.	MALE CAUCASIAN WIDOWED DIVORCED 21 SEPT. 1898 69 yrs.	
er deal ive Pa with I and event	during most of working life, even if retired) INDUSTRY COUNT	
afte ong es 1	GENL. YARD MASTER RAILROAD PENNSYLVANIA USA	1
ours affer 18. Give a along pages 1 in any	CHARTES IV MARKET	
14 ho I ften Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TN J	¥ 2
EXAMINER: This certificate should be exacuted within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form lies. 38. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	(Yes, no, or unknown) (If yes give war or dates of service) 705/10/9446 INA B. BATTOX-WIDOW- ABOVI	
with pend nine perm perm remo	18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), end (c).]	MENTAL BETWEEN
Exar Exar or	PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) CHONGY DECLUSION	3/min
iii le exacuted l'pending" ln if Medical Exar a burial-transit cremation, or	Constitutions to any which DUE TO A-S-C-11-DISPASSE	
lle e Medi Wedi urial	Conditions, if any, which gave rise to immediate out the state of the	
a b	cause (e), stating the Doc 10 underlying cause last. (c)	
ficate silloui the word o the Chief o used as a to burial,	The state of the s	9. WAS AUTOPSY PERFORMED?
the the tree to the	7	YES NO
R: This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURBED. (Enter nature of injury in Part 1 or Part 13 of Item 18.) CAUSE OF DEATH.	,
ward ward houl		(Stete)
for for age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 et work at work at work	
AMINE ertific d be Page nated		and in my opinion
AL EXAMI the cert should should files. CIOR: Pa designate	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
DICAL tre th ge 4 s your f RECT	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
Y MEDIS Execute Page I for you MAL DIRI	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO	12/28/1 -
PARAL TENE	EXAMINER'S MELVIN B. DAVIS, MD. DUNDALK Address (Street, city, town, or county & 800 Horn II	VETONES
D DEPUTY MEDICAL EXP please execute the c director. Page 4 shou retained for your files D FUNERAL DIRECTOR: of Health or its design	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	
Eggaga Ba	BURIAL 29/32/1967 MEADOWRIDGE DORSEY, MARYLANI	
Wasser W.	ADDRESS 258. REC'D BY REGISTRAR'S S	MINATURE
VR A15ME	WALTER BROOKS BRADLEY DUNDALK, MD. DATE UEC 29 1907	0 0



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
	16607 CERTIFICATE OF DEATH										
per in by the funeral per in the	PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased used, if institut an Residence before admits o. STATE Maryland ARRYLAND O. STATE Maryland	sian)									
by the 1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson										
	Towson d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. S. RES ON A	SIDENCE FARM?									
	St. Joseph Hospital 1508 Northgate Rd., 21218 VES	NO 🗌									
355	DECEASED (Type or print) LAURA L. McCorquindale Death December 18 19	fear 67									
amplet ove car event,	act butteray Mapths Days Hours	ER 24 HRS Min									
any	Female White WIDOWED DIVORCED 2/22/01 66 yrs 66 yrs										
and in any	19a US JAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11 DIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Texas										
hysic ple val, c	13. FATHER'S NAME										
ine.	? DOBBYN unknown										
ton, or removal,	1S WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address										
signed by the oth	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hopatic coma ONSET AND	ETWEEN DEATH									
E E E	IMMEDIATE CAUSE (a) Hopatic coma 5 6 / U Due to										
, ,	Canditions, if any, which gave) (b) portal cirrhosis										
prior to bri	rise to immediate cause (a), Stating the underlying cause DUE TO										
	last. (c)										
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALL PERFOR YES IX	NO									
	PERFOR YES XX 20a ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFOR YES XX 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.)										
1	20c TIME OF INJURY Manth, Day, Year While p.m. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, factory, street, affice bidg.,etc.) at wark at wark	(State)									
Sto	21 certify that (% (this haspital) attended the deceased from Dec. 11. 1967, to Dec. 18. 1967, that (%)	(we) last									
÷	saw the deceased alive on Dec. 18, 1967, and that death occurred at 5:45 M, from causes and an the date state	ed abave.									
director, page 3 should be befored for us should be filed with the State Dept. of Health	220 SIGNATURE CICLL'acri M.D. ATTENDING MED DIRECTOR DIRECTOR DATE SIGNED 12/19/67										
jed	22r PHYSICIAN'S 27d ADDRESS										
	NAME (Type) Ines Cilliani, M.D. 7620 York Rd., Towson, Md., 21204										
000	23d BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)									
W	BEMOVAL (Specify) 12/21/67 MCRELHN'D BALTO. MIL.										
111	24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE COMPANY CONTROL OF CONTRO										
97/	5. 1. 11/14UN/H/S/3 2/32 P.										

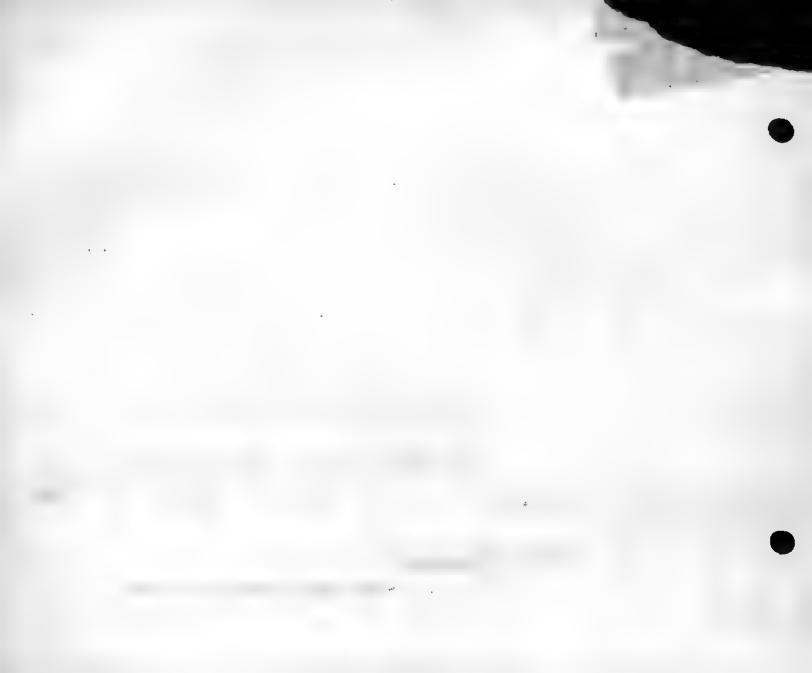




			D.II	MCIAN AT M		D STATE DEPARTM				
/		16603	יוט	AIZION OF AI		CERTIFICATE OF		RE, MARYLAND 21201	1360	13
: 2.2	1 D	CEASED NAME	First		Middle	Lost		DATE OF DEATH	2 7 7 7	2b. HOUR
Togeth of the state of the stat		ima or ariat)	WXXX	Edlev	н.	McDonald,		December	28 1967	25. 1100X
	3. 5			RACE		S. DATE OF BI	-	6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
s of	L	Male		White		9-29-	1990_	last birthdoy) 77 YR		HOURS MIN
hours hours	con	SIRTHPLACE (State or fo	*	CITIZEN OF WHAT	COUNTRY?	8. MARRIED 🔀 NEVER MAR	KIED[]	OUNTY OF DEATH		
72 8 22	 H	ume, W.V	irginia		OF HOSPITAL OR IN			altimore		Md.
ithin 24 y filled an pape	1	oodlawn	н	give stree	et oddress)	or Mill Road	during most of	CUPATION (Kind of work dan f working life, even if retired	125. KIND OF B INDUSTRY	USINESS OR
d w letel carb	130	USUAL RESIDENCE (Who	ere deceased li	ved if institution	Pesidence before	13c CITY OR TOWN	3d INSIDE CITY JIMITS?	13e STREET AND NUMBER		
amp awe o	odm A	ssion) STATE laryland	1	3b. COUNTY Baltimo	re	Baltimore	AE2 NO 🔼	6902 Windso	or Mill R	oad
and c remo	14	ATHER'S NAME FII		Middle	Lost	IS MOTHER'S MA	AIDEN NAME First	Middle		Lost
ate ate ician	160	WAS DECEASED EVER I	N U.S ARMED F	ORCES? 16	b. SOCIAL SECURITY I			Address		
rtific phys en p		es, no or unknown)	(ii has disa mas os a	ones or service)		Annie M	cDonald	-6902 Windso		
Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages—Pages/Shauld be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.	MEDICAL CERTIFICATION	18 CAUSE OF DEATH PART I. DEATH W # 2 2 1 Conditions, if ony, whrise to immed ofe costoting the underlyin last PART 2. OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS C 190 R CONTRIBUTING C (If either, notify medic	ich gove isse (o), ig couse CANT CONDITION INDERLYING	AUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A (c) ONS CONTRIBUTION AUSTRIAL OF IN	CONSEQUENCE OF G TO DEATH BUT NO CONSEQUENCE OF	ASCVD TRELATED TO THE TERMINAL STORMED 200. AUTOI YES 21c. HOW INJURY OCC	DISEASE OR CONDI	C ()	S CONSIDERED IN CER	TE INTERVA, AT AND DEATH
ING PHYS by the has ter this ce e detache	ME	21d INJURY OCCURRE White Not while of work	D 21e. PLAC			10RY.) 21f. LOCATION Street		(ity or Town	County	State (1) (we) last
TTENDI TITENDI OR: Aff		saw the dec causes state	eased alive d abave, (I)	an(we) (did) (di	12-28-1 d nat) view the	9 4.Z ., and that in (my bady after death.	y) (aur) apiniar	, ta 12-28, in death accurred an the	date and haur a	nd fram the
OR A) DIRECT DIRECT See 3 shed		22b. SIGNATURE			revo	DEGREE PHYS		STAFF -	12-29-	-G7
SPITAL 4 may IERAL ar, pag d be fil		22d. PHYSICIAN'S NAME (Type)	ESAR I	VALLE (29 Li	berly Rd	,	
Hould head	230	BURIAL, CREMATION,	23b. DATE			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
2 2 2		REMOVAL (Specify) UTTAL FUNERAL DIRECTOR	1-2-	68	Woodl: ADDRESS	awn Cemeter	Y PECID DV DE	Baltimore, Ma	ryland	
VR A15 41				-+ 4600		TT 114 . A	250. REC'D BY RED	GISTRAR 256 REGISTRA 3 1968	S SIGNATURE	sec.
2	IL.	uswortn A	rmaco	ST-4000	Liberty	Hghts, Ave	UATE			V

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1664 0 1780 11							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17891							
1 PLACE OF DEATH O. COUNTY BAITTMORE 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. STATE MARYLAND D. COUNTY MARYLAND							
b. CITY OR TOWN (If outside corporate limits, FORT HOWARD c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) DAYS C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) BALTIMORE 21225							
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARMAN							
VETERANS ADMINISTRATION HOSPITAL 401 GLEBONS AVENUE YES NO M							
3. NAME OF First Middle Last 4. DATE Month Doy Year OF OF DECEMBER 22 19 67							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH NEGRO NEGRO NEVER MARRIED 1 B DATE OF BIRTH 19 AGE (in years lefunder 1 year if Under 24 Hz) Negro North Doys Hours Min							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK WALKER 10b. KIND OF BUSINESS OR INDUSTRY RATL ROAD 11c. BIRTHPLACE (State or foreign country) ENGIAND 11c. BIRTHPLACE (State or foreign country) ENGIAND 11c. BIRTHPLACE (State or foreign country) U.S.A.							
13. FATHER'S NAME							
HENRY METVIN RACHEL MC COY							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dates of service)							
YES WW I 220 12 03 69 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).							
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA 3 ONSET AS DEATH							
7/0,0 DUE 10							
Conditions, if ony, which gove is to immediate couse (o), (b) SMOKE INHALATION 1 WEEK							
stoting the underlying cause							
PERFORMED? YES ☐ NO [2]							
200 EXTERNAC CAUSE WAS PRIMARY For CONTRIBUTING CONTRIBUTING CAUSE OF DEATH							
20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e P.ACE OF INJURY (Home farm20f (Gry or town) (County) White Not While 10cory State of te blight etc.)							
pill A di work a di work a							
21. I certify that I took charge of the remains described above, held an Autopsy, I, Inspection, X, Inquiry X, and in my opinion death resulted fram: Natural causes I, Accident X, Suicide I, Homicide I Undetermined manner							
CHIEF MEDICAL EXAMINER							
SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED							
EXAMINER'S NAME (Type) MELVIN B. DAVIS, M. D6800 MO Carlos And Construction 12/22/67							
230 BURIAL (REMATION, 23b DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVA (Specify) 12-26-1967 RATUTMORE MARYIAND							
DOLLAR DATE PROTESTAL DATE PROTESTAL							
24 FUNERAL DIRECTOR ISIAH BROWN FUNERAL HOME OALE 1868 REGISTRAL GRAPHER Judge.							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16611 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY a. STATE **5 COUNTY** Dallimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA), and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1135 Granville Rd., Baltimore 7.14. 1135 Granville Rd. YES NO K NAME OF Middle 4. DATE Last Manth Day Year remove carban DECEASED (Type or print) Mara Miller Madwin Dec. I, and in any event, DEATH 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** AGE (in years JE LINDER 1 YEAR lost birthday) Months Davs Haurs Male. White July 12,1903 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT attending physician c sermit. Then please during most of working life, even if retired) INDUSTRY COUNTRY? baltimore. rid. Hollberger Gull Oil U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava Michael Chmielewski Johanna Kroeger IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Baidinore, Md. 21234 (Yes, na, or unknown) (If yes give war or dates of service ir. Edward H. Willer, 3101 Northward ad. 213-14-2872 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Leta stases. Canditians, if any), which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the prior tal PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO. 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) Q. Haur a.m. factory, street, office bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 195 > to Dec 13, 1962, that (1) (we) last tris be retained De cy 171967, and that death accurred at 29 M, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATURE 22d. ADDRESS 22c. PHYSICIAN'S director, pu ATHONE. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) "REMOVAL (Specify) Dec. 16. 1967 Lakeview Memorial Cemetery Randallstown, Paltio, Md 25a. REC'D BY REGISTRAR 2Sb REGISTRÁR'S SIGNATURE 24 FUNERAL DIRECTO





,	MARYLAND STATE DEPARTMENT OF HEALTH
	16613 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1360G
HEALTH DEPI	PLACE OF DEATH O COUNTY 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O STATE COUNTY
3 to	MARYLAND Pennsylvania
200	The RIPAL and give peorest town
1, 2, or PM:	A MAME OF HORD TALLOR INSTITUTION () and to horse in a section address. I d STREET ADDRESS
- E - E /	CALT CLUB Chestnut Ridge Road VES NO
ofter deoth 18. Give Poges olong with the Seate h.	3 NAME OF Frs1 Middle Last 4 DATE Month Doy Year DECEASED OF 12- 9-1067
ag ve d	(Type or print) Gerald F. Miller DEATH 2- 1967 S SEX 6 CO.OR OR RACE 7. MARRIED NEVER MARRIED F 8 DATE OF BIRTH 9 AGE (n. years FUNDER 17EAR IF UNDER 24 HAS
hours ofter death tem 18. Give Pag Office along with Iond 2 with the Se r death.	Male White WIDOWED DIVORCED Jan .11 .1947 20 vrs Manths Days Hours M.n.
hours tem 18 Office a and 2 v	10a USUAL OCCUPATION (Give kind af wark dane 10b KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
24 hin te er's Offer ges To	Seaman US Coastguard Maryland U.S.
within 24 pencil in xaminer's ile poges hours offe	13 FATHER'S NAME 14 MOTHER'S MA DEN NAME
File File	Illoyd James Miller Setpanen Siakka IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECUR IV NO 17. INFORMANT Address
urtec igni irol im 7	15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes 16 SOC AL SECUR TY NO 17. INFORMANT Address 210-38-9851 Records-U.S. Coastguard
ild be executed within 24 ord "pending" in pencil in the Chief Medicol Examiner's ransit permit. File pages levent within 72 hours offer	18 CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c))
should be en word "per it in the Chef buriol-transit in only event in the chef	MMED ATE CAUSE (a) DICOLUNI NG
shauld e word o the Cl suriol-tra	Conditions, if any, which gove)
the the late to the to the to the to the to the	nse ta immediate cause (a), stating, the underlying cause (DUE TO
frote ling t rded as o and i	[as1. (c)
writ writ rwa rwa sed vol,	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES IN NO.
at per series	PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH A CAUSE OF DEATH CAUSE OF DEATH A CAUSE OF DEATH CAUSE OF DE
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MEDICAL EXAMIN please execute the director. Page 4 sh etained for your fu DIRECTOR: Page 3: to buriol, cremotic	pm of wark was at wark
- • • • • • • • • • • • • • • • • • • •	21 certify that I took/charge/of the remains described above, held on Autopsy (), Inspection (), Inquiry () and in my opinic death resulted from. Natural causes (), Accident (), Suicide (), Hamicide (), Undetermined manner (
MEDICAL please exect director. Pretained for DIRECTOR. r to buriol,	CHIEF MEDICAL EXAMINER
plec plec reta reta or to	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22 DATE SIGNED 22 DATE SIGNED
DEPUTY MEDICA scessary, please ex e funeral director. may be retained f FUNERAL DIRECTO salth prior to bunc	EXAMINER'S M.B. DAVIS M.D. 6800 MAGING WALL WILL OF - Newhorz 25
TO DEPUTY Meressary, pleather function of the	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
10 H	Burial Dec. 12, 1967 Upper Tinicum Upper Black Eddy, Penna.
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 2 ZSD REGISTRAR 3 SIGNATURE
6M 1/67	Howard County Funeral Hole of Harry H. Witzke DEC 11 1967 Clearles Judge



	1	4004	/ DIVISION (ARTMENT OF HEAL ON STREET, BALTIMOR		YLAND 21201			
	1	, 1661	. St	Item	CERTIFIC	ATE	OF DEATH			136	0 7	
X		PLACE OF DEATH COUNTY BALTIMORI	<u> </u>		MARYLAN	D	2 USUAL RESIDENCE (WHO O. STATE MARYLAND	iere deceas	ed lived, if institut or b COUNTY BAL	r: Residence	befare adn	nission)
2\		CITY OR TOWN (1) WITE RURAL OND TOWSON	f outside carparate limits give nearest tawn)		c LENGTH OF STAY IN II)	CITY OR TOWN (If outs	de corpora	te limits, write RURA ZRVILLE	l and give :	neorest taw	n)
1			ALOR INSTITUTION (IF no		give street address)		d. STREET ADDRESS 3039 THIRD	ATTE	#21234		e IS I ON YES I	RESIDENCE A FARM?
		NAME OF DECEASED	Fir	31	Middle	-	lost	4 DATE	Manth		Day	Year
	S.		ANNABE 6. COLOR OR RACE WHITE	7 MARRIED :		_ _	MILLILI 8 DATE OF BIRTH OCTOBER 3,193	9	AGE (n years	IF UNDER 1	YFAR IFU Days Ha	19 67 NDER 24 HRS IUrs Min.
	10a	EMALE USUAL OCCUPATION ng most of working I	(Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY HOME		11 BERTHPLACE (County &: Pennsylvani	State, or for		12 CITIZ COUN	EN OF WHA	NT
		FATHER'S NAME	s 'ahler	<u> </u>			14 MOTHER'S MAIDEN NA		L			
	(Ye	WAS DECEASED EVE s, 90, or unknown)	RINUS ARMED FORCES? (If yes give war ar dates a NONE	f service) 16. 1	SOCIAL SECURITY NO.	17. 1	NFORMANT Family n	e con	Address			
		18. CAUSE OF DE PART I. DEAT		(a) <u>Ma</u>	assive intra		rebral hemori		+		INTERVAL ONSET AI	BETWEEN ND DEATH
		rise to immediate stoting the under last.	ying couse DUE	10/	iddle cerebr			1 161				
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	L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	20b DE			(Enter nature of injury in Pa	rt i or Port	t II of item 18)			
	MEDICAL	Hour on	19	While at wark	Not While of work	foct	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20#	(City or town)	(Coun		(State)
		sow the de	y that (I) (this has ceased alive an DE	pital) otteno CEMBER	led the deceased fro _25_19_67_, and	m_D that	ECEMBER 24, 190 t death accurred of	67_, to	Becember 2 , from couses or	nd on the	date sto	I) (we) la ated abav
		22a. SIGNATURE	am 9, 8	3~ ~ E	, en	M.E		ED IRECTOR	STAFF PHYS.	22b. DAT	E SIGNED 2-25-6	7
Ì		22c. PHYSICIAN S NAME (Type)	Lawrence	Misani			7620 York				21204	-
		BURIAL, CREMATIO CREMOVAL (Specify)	Jec. 2		23c. NAME OF CEMETER			Thel	tentam 7s		County)	(State) merys
	24	John Bur					valand pare DE	SY REGISTR	AK ZSB KEG	21KWK 2-216	NATUKE	la.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16615 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10608 FOR ST 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY h COUNTY deloy is and 3 to M3. Page ant of MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits 2, u. P.M3. write RURAL and give negrest town Deportmi Wood/awn 2/207 d STREET ADDRESS e IS RESIDENO form pencil in Item 18. Give Pages 1, ON A FARM? 3605 Marmon with the State Baltimore County General Hospital NO K after death olong with 3 NAME OF DATE Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED AGE (In years lost buthday) within 72 hours ofter deoth WIDOWED DIVORCED This certificate should be executed within 24 hours Office. lond2 100 USUAL OCCLIPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Plumber Chief Medical Examiner's Westminster, Md.

14 MOTHER'S MAIDEN NAME IIS A 13 FATHER'S NAME Buckingham Frank J. Mitten 17 INFORMANT 16. SOC AL SECUR TY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If If yes give wor or dotes of service 218-18-2791 Ivy Rebecca Mitten, 3605 Marmon Avenue INTERVAL BETWEEN IB CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c).) PART I DEATH WAS CAUSED BY in ony event IMMEDIATE CAUSE (6) writing the word DUE TO the Conditions, if any, which gove 3 nse to immediate couse (a). farwarded to DHE TO stating the underlying couse SD PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? certificote, NO K 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port II of item 1B.) PR MARY | or CONTRIBUTING | should CAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20c T ME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) foctory, street, office bldg, etc.) Hour o.m. moy be retoined for your FUNERAL DIRECTOR: Page ot work ot work 21. 1 certify that I took charge of the remains described above held on Autopsy Inspection , Inquiry [and in my opinian director. deoth resulted from-Accident 🗍 Suicide . Notesol couses Homicide | Undetermined manner CHIEF MED CAL EXAMINER Health prior to ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MFD CAL EXAMINER 💢 Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL, CREMATION REMOVAL (Specify)
Burial 12-16-67 Lorraine Park Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR 4600 Liberty Height DOR Venue VR A15ME (5) 6M 1/67 Ellsworth Armacost Funeral Chapel

r = 1 = 1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13609 CERTIFICATE OF DEATH 24-hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss on) o COUNTY **b** COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wite RURAL and give negrest town) days B altimore d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Veterans Administration Hospital 2811 Bayonne Avenue NO X The law requires that the death certificate be executed within 3 NAME OF 4. DATE First test Year campletely DECEASED (Type or print) HARRY SCOTT MONKS JR 2 DECEMBER 1967 31 IF UNDER 24 HRS. SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED 9 AGE (In years 68 birthday) Maurs Male White 5/12/99 WIDOWED XX DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working l'fe, even if retired) INDUSTRY Baltimore, Maryland Glerk II.S. Post Office 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remayal, Harry S. Monks Elizabeth Lingan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give wor ar dates of service) 108-14-57-70 Clin.Rec. VAH. Fort Howard, Maryland Yes INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) the signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY CARCINOMA OF THE PANCREAS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave 1 rise to immediate couse (o), DUE TO stoting the underlying couse the (c) 19 WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES KOK NO CHRONIC PASSIVE CONGESTION OF LIVER. PULMONARY EMPHYSEMA. ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF IN, URY (Hame, form (County) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED I(Ity or fown) Hour om factory, street, affice bldg. etc.) TO FUNERAL DIRECTOR: After 19 **67** , to___ 19 67, thata(1) (we) last 21 | certify that (2) (this haspital) attended the deceased from 12/4/ ro Hospital or Attenti Page 4 may be retained 1967, and that death accurred at 9:152M fram causes and an the date stated above. saw the deceased alive an_ 22o SIGNATURE 22b DATE SIGNED M D DIRECTOR r, page be filed 22d ADDRESS 22c PHYSICIAN'S JOSE A. RAQUEL. JR. M.D. VA HOSPITAL, FORT HOWARD, MARYLAND director, should be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) 1/5/68. Miami Memorial Cemetery Miami Florida 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE A Leonard J. Ruck Inc.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1661

CERTIFICATE OF DEATH

16610

	1, 1	o. COUNTY time	re		MARYL	AND	o STATE Marylan		ed lived it institution b. COUN		betore odmiss	ion)
,		b. CITY OR TOWN (I	f outside corporate limit give nearest tawn)	5,	c LENGTH OF STAY IN		c CITY OR TOWN (If o		le imits, write RUR	AL and give n	earest tawn)	
		Caronay.	ille				Catons	ville				,
1.10	-	d NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, g	give street oddress)		d STREET ADDRESS				e IS RES	DENCE FARM?
Yu	L	Shady-No	ook Nursing	Номе			51 Overb	rook Re	d.		YES [NO 🗌
		NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month		Doy Y	ear
		(Type or print)		gusta	Mor	foot		DEATH	Dec.		19	
	S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED			9.	AGE (In years lost, birthdoy)	Months D	EAR IF UND	ER 24 HRS
	L	F,	Cauc.	WIDOWED			3/5/87		80 yrs.			1,4461
	duri	USUAL OCCUPATION ing most of working I HOUSE	(Give kind of work done life, even if retired) SWIIO		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryla		eign (ounity)	COUN	EN OF WHAT TRY? DA	
	13.	FATHER'S NAME	Jentner				14 MOTHER'S MAIDEN	NAME				
	1S (Ye	WAS DECEASED EVE	R IN U.S. ARMED FOR CES? (If yes give wor or dotes o	16. :	SOCIAL SECURITY NO	17, 1	NFORMANT LLO seechwo	od Kd.	oot Jr.	ss		
	1B. CAUSE OF DEATH (Enter only one couse per time for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only which gove rise to immediate couse (o), (b) Cartinischerate Myccardial Pagent DUE TO DUE TO DUE TO Ond in one which gove rise to immediate couse (o), (c) A management of the pagent On the country of the pagent On the pagent											
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	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF E THER, NOTIFY)	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED	Enter noture of injury in	Port I or Part	II of Hem 18.)			
	MEDICAL	20c TIME OF INJU Hour out p.n	10	20d II While of worl	Mot While		E OF INJURY (Home, for pry street, office bldg , etc		(City or town)	(Count	у)	(Stote)
		saw the de	y that (I) (this has ceased alive an_	pital) attend	ted the deceased f	ram_ nd thai	death accurred at	1967 to	, fram causes o	, 19 <u></u> ; ind an the	7, that (I) date state	(we) last ed abave
	,	220 SIGNATURE	m 1 B	ryso	n '	M E		-MED DIRECTOR	STAFF PHYS	22b. DATE	SIGNED 1006	7
^		NAME (Type)	Willlia	m do. H	ryson		460	5 Edmo	ndson Av			
	230	BUR AL, CREMAT C REMOVAL (Specify)	12/9/		23c NAME OF CEMET		CREMATORY emetery		CATION (City or Tov Baltimore	,	onuty)	(Stote)
	24	L FUNERAL DIRECTO			AODRESS		250 REC	D BY REGISTR	AR 2Sb. REC	GISTRAR'S SEGI	NATURE LACE	٨.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

director, page 3 should be detached for use as the burial-transit permit. Then please remove ca should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event



" }	27			DIVICION					OF HEALTH	ADVI	ND 21201			
3	FOR STATE		It	eliur 5, la	MENIC	AL FYAR	MINED'C	POTIEITA	BALTIMORE, N	APH!	ial ne	rmit	179	437
10	HEALTH DEPT.	D	ECEASED NAME	First	MEDIC	AL LAMI		LEKTIFICA				WNKK Month	Day Year	Zh. HOUR
N			Type or Print)	JAME	.g		OSEPH		ORRIS		OF EST DEATH MAT		2/18 19	67.30
0	lay is Page	3 5	EX 4. Ř.		S. DATE OF BIR	TH	6 AGE (In year	IF LINDER 1 Y	FEAR IF UNDER 2		2c DATE PRON		1/10 1/	2d HOUR
1	- E - E		Male	White	1/5/	34	last birthday) 33 Y		AYS HOURS	MIN	Month Decen	mber 18	Year 19 6	
	To de la constant de		BIRTHPLACE (State or f	oreign 7b	CITIZEN OF WI	AT COUNTRY?	8. /	ARRIED NEVE	R MARRIED 🔲	9. COUN	ITY OF DEATH			
1		roun	N.Y.	City [U.S.			IDOWED X	DIVORCED [Baltimo			Md
0	Page Aff	1D. (ITY OR TOWN OF DEA	TH		AME OF HOSPIT street oddress)	AL OR INSTITUTI	ON (If not in has				of work dane ven if retired.)	125. KIND OF E	BUSINESS OR
1	7 P P 2 E //	12.	TOWSON USUAL RES DENCE (W	16	To	wson P	olice S		13d. INSIDE CITY LS		13e. STREET AN	,		
`	alang atternal alang atternal alang atternal alang atternal alang atternal attention a		dmission) SIAIE Mary land	mere deceased	13b. COUNTY	ition. Kes deno	. / 1	timore.	YES X NO			Villiam	Ctmont	
1	hours Hem I and 2 office office		ATHER S NAME	Frst	M. ddle		last		S MAIDEN NAME		803 W	Middle Middle		Lost
Ŷ	A			James	J	M	lorris	132 1110111211			I	Ellen	Rus	
		160.	WAS DECEASED EVER IN	J.S. ARMED FOI	RCES?	16b. SOCIAL SE		17 INFORMANT	Maj	-y-		ADDRESS		
,	N = 8 5 0 €	(1	es, na, ar unknown)	(If yes give we	r or dates all service)									
,			1B CAUSE OF DEA	TH (Enter anly	ane cause per l	ine far (a), (b),	and (c))			_			APPROX N BETWEEN OF	ATE INTERVAL ISET AND DEATH
10	e executed in pending" in ef Medical Exist permit. Fixent within		PART I DEATH	WAS CAUSED I	BY. CAUSE (o)	Hang	ing							
4	be exemple in the same of the		Conditions, if any, w	X.	DUE TO, OR	AS A CONSEQU	JENCE OF							
X	d be d 'pe Chief transi		rise to immediate	cause (a), ((b)	AC A CONSTOL	IFLICE OF							
ì	shauld be en ward "per or the Chief burial-transit in any ever in a shauld burial-transit in any ever in the chief in the chie		stating the underly	ring couse	DUE TO, OK	AS A CONSEQU	JENCE OF							
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1	certifical certifical arwarded arwarded used as maval, a	CERTIFICATION	190. DATE OF OPERA	TION			N FOR WHICH (PERATION					2D AUTO	PSY?
	be u far	STIFIC					FORMED?							NO 🗆
- '			210. EXTERNAL CAUSE PRIMARY 📉 OR CON		216 TIME OF HOUR A	INSURY Month, M	Day, Year	21c. HOW INJUS	RY OCCURRED (Ent	er nature	of in ury in P	art 1 or Part 2,	tem 18.)	
3	NER: T certification hauld be lifes should trian, or	MEDICAL	CAUSE OF DEATH		$6:15x^{-1}$	MX 12/	18767		j. hung	him			4	
1	KAMINER: te the certitle the territle to the certitle that the cer	2	WHILE NOT WHE		ACE OF NURY (iry, affice build n	g, etc)	street,	ZII, EOCAI ON S	Street or R.F.D. No.		Eity or To		County	State
7					jail		Januari II. a da a da a	bald na	ă		lowson		ltimore	
J	ICAL E executor. Page for CTOR: bur al,		deoth resulte					ove, held on Suicide 🔀			ection [Inquiry [ined monner		my opinion
	da Se		deoin leache	40	Natural Cos	363	Contract	201cine IV	CHIEF MEDICAL E			III-EU INOIREI		
			ACTUAL SIGNATURE	W2m	a h	705	Y	MD	ASSISTANT MEDICAL			22b. DAT	E SIGNED	
	be p be		EXAMINER'S		'	(1)	1	m.D	DEPUTY MED CAL			3	/8/68	
	TO DEPUTY necessory, p the funeral 5 may be re to FUNERAL Health prra	_	NAME (Type)	Wern	er U. S	Spitz,	M.D.		ADDRESS(Street,	city, tow	n, or county)			
	5	23a	BURIAL, CREMATION REMOVAL (Specify)	23b. D	ATE 22/6		AME OF CEMEN	RY OR CREMATOR	RY	23d	LOCATION (City	ar Tawa		(State)
	M	24	FUNERAL DIRECTOR		930	Easta			2So REC'D	BY REGI	STRAR 2	Sb REGISTRAR	s signature	
	VR A15ME (5)		1. Fish	di 1	100	Carola	se ce	no.	DAMAR	15	1968	fla in	200 000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16613 CERTIFICATE OF DEATH 10613 requires that the death certificate be executed within 24 haurs after death pup [unera] PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY BALTIMORE MARYLAND MARYLAND ANNE ARUNDEL b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBA and give nearest town)
HOWARD 179 DAYS ODENTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1430 ANNAPOLIS ROAD NOX 3 NAME OF First Middle 4 DATE Month Doy DECEASED (Type or print) WILLIAM R. MORRISON DEATH IF UNDER I YEAR S. SEX 6 COLOR OR RACE 9 AGE (In years lost birthday) 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH Months Doys Hours MALE WHITE WIDOWED DIVORCED MARCH 22, 1920 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life even fretired)
LANDSCAPER HELPER INDUSTRY COUNTRY? LANDSCAPER DRURY, MARYLAND ILS.A 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematia≡, ar remaval, signed by the attending phy burial-transit permit. Then HARRY MORRISON MINA ALLISON 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, pa or unknown) (If yes give yyor or dotes of service 216 18 54 98 CLIN.RECORDS, VA HOBPITAL, FT HOWARD, MD. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) al-transit PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUKIS Conditions, if any, which gave GLIOMA OF BRAIN rise to immediate couse (a), DUE TO stating the underlying cause WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20e ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF & THER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INBURY OCCURRED (City or fown) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While of work L. of work TO FUNERAL DIRECTOR: After to 12/10/67 21. I certify that (X (this hospital) attended the deceased from 19 be retained 12/10/67 19 , and that death accurred at 1:30 My from couses and on the date stated above. saw the deceased alive on_ 22b DATE SIGNED 22a SIGNATURE DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND directar, shauld 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL GLEN HAVEN MEMORIAL GIEN BURNTE. 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4) 2 GLEN BURNIE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16613 CERTIFICATE OF DEATH 10612 The law requires that the death certificate be executed within 24 hours ofter death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, if institution. Residence before admission) the funero a. COUNTY Baltimore b. COUNTY Maryland MARYLAND b City OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore 27yrlmthldy Catonsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 103 East 25th Street STATE HOSPITAL+ SPRING GRO VE YES NO corbon p NAME OF First Middle 4 DATE DECEASED December Mortimer Anna (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED dast birthday) 10-21-86 white female WIDOWED DIVORCED puo 10a USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY T COUNTRY? Maryland sa teatady 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, Catherine Hergle Sigmund Dengler IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates at service) No STATE HOSPITAL Records: SPRING GROVE 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (d)

PART I DEATH WAS CAUSED BY Cerebral Hemorrhage or Infarction INTERVAL BETWEEN burral-transit T DUSETHAND BEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. this certificate has been signed detached for use as the burial-t a Dept. of Tealth prior to burial, a Orebral Arteriosclerosis 20 years Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying couse (a) Arteriosclerosis, Generalized, Senile years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? none except Arteriosclerotic cardiovascular Ht. Dis. NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) ₹ 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) factory, street, office bldg , etc) Nat While 21. I certify that 💢 (this hospital) attended the deceased from Nov. 10 183Pc to Dec. 11 19 67, that (we) lost Dec. 11 19 67, and that death occurred at sow the deceosed olive on TO FUNERAL DIRECTOR: M, from couses and on the date stated above 220 SIGNATURE 22b. DATE SIGNED 12-11-67 director, page 3 should be filed DIRECTOR STATE HOSPITAL GROVE 22c. PHYSICIAN Anthony J. Young, NAME (Type) Baltimore, Maryland 21228 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 12/14/67 Holy Redeemer Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR
ULTrich Funeral Home 4210 Belair Road. 2Sa REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death OLOUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b COUNTY a. STATE MARYLAND Maryland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 write RURAL and give negrest tawn) Baltimore d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE the attending physician and completely filled in sit permit. Then please remove carban papers. and in any event, within 72 LO32 Deanwood Road, 21234 YES M NO TO 3 NAME OF Middle 4 DATE First Last Month Dov Year DECEASED MUIR December 16 67 Baby Girl (Type or print) DEATH 19 AGE (In years lost birthday) IF UNDER 1 YEAR IF JNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Dovs Hours 12-16-67 WIDOWED DIVORCED Female White 10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Marguerite R. Mitchell William Muir IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) crematian, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p **CINSET AND DEATH** Immaturity IMMEDIATE CAUSE (a). DUE TO burnal, Conditions, if ony, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital or attending CO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the I should be filed with the State Dept. af Health prior to I stoting the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) MEDICAL CERTIFICATION NO 3 YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark . 1967 ta 12-16 1967, that (I) (we) last 12-16 21. I certify that (I) (this haspital) attended the deceased from... 19 67, and that death accurred at 12:25% fram causes and on the date stated above 12-16% sow the deceased alive on_ 22g SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS 12-16-67 DIRECTOR M.D. PHYS 70620 York Road, Baltimore, Md. 21204 22c. PHYSICIAN S Jose A. Aguto NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 230 BURIAL CREMATION, (County) (State) REMOVALY Specify) Vinore 256 REGISTIMAR'S SIGNATURE O 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16620 16613 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville, Maryland 2vrs; lmo; 20da s; Baltimore City d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? popers hm72 h d STREET ADDRESS 14 W. Cold Spring Lane, Balto, 10 College Manor, Lutherville, Maryland YES NO X 4 DATE Year completely DECEASED signed by the ottending physicion and completi buriol-tronsit permit. Then please remave carl burial, cremation, or removal, and in ony event, (Type or print) TDA HAYES MULLINIX DEATH DECEMBER 5th. I 1967 IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Doys 9-15-1876 Female White WIDOWED XX DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY Housewife Montgomery County Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Margaret Watkins ottending poermit. The Julius Augustus Crockett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war ar dates of service) Helen Parrish Lurdock Rd. - 21212 212-01-9835 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and,(c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the haspital or attending physician. 411 DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been irrector, page 3 should be detached for use as the hould be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D'SEÂSE CONDITION GIVEN IN PART 1(o) WAS AUTOPS CERTIFICATION PERFORMED? Þ NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 3 factory, street, office bldg., etc.) Haur a.m. director, page 3 should be de should be filed with the State at wark 21 1 certify that (1) (this haspital) attended the deceased fram. 1927, 10 Nic. 5 1967, and that death accurred at 1.45PM, from causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) woodlawn Cenetery Baltimore, Ild. 12/8/67 2 ADDRESS 25g REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Mineles Judge 1967 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 16621 16614 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours ofter death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE b. COUNTY MARYI AND CLENGTH OF STAY IN 15 b CITY OR TOWN (11 outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) write RURAL and give nearest town) 2da4s Cockeus d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE Ξ papers III 72/ ON A FARM filled □ NO 🕽 and in any event, within NAME OF remove (arbon Middle Day Year DECEASED (Type or print) OF DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years NEVER MARRIED lost birthday) Manths Days Hours DIVORCED 10-13-1890 WIDOWED puo 10a USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR .2 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY ottending physician permit. Then pleose U.S 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown). (If yes give war or dates of service) Record Ne 18 CAUSE OF DEATH (Enter only one cause per line to Ca) burial-tronsit DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspital or attending physicion. signed by DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the under-ving cause the State Dept. of Health prior to So WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ₽SP NO O this certificote OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II at item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Nat While factory, street, office bldg., etc.) While of work of work 1965 to 1200 8 19 6 7, that (I) (we) lost 21. 1 certify that (1) (this hospital) attended the deceased from A 1967, and that death occurred at 1-3 93M, from causes and on the date stated above. sow the deceased alive on Dec & DIRECTOR: 22b. DATE S GNED 220 SIGNATURE DIRECTOR PHY5 director, page 3 MA SON 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) 23b DATE THEREOF 73c NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION, 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) DEC 13 Woodlaws Cemetery 9 24 FUNERAL DIRECTOR 2Sa.lowson DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND-21201 16622 CERTIFICATE OF DEATH 10615 within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Baltimore py the fun Pages In Urs-affer Maryland MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Catonsville c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Catonsville d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS within 72 ON A FARMS 1301 Black Friars Rd. 1301 Black Friars Rd. led a NAME OF Middle Last 4 DATE ond completely remove corbon DECEASED 30 67 Nova E. Murray Dec . and in ony event, (Type or pnnt) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 6. COLOR OR RACE S SEX DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF ... NDER 24 HRS 7, MARRIED NEVER MARRIED lost birthday) Months F Cauc. 7/10/1891 WIDOWED XX DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT physician o during most of working life, even if retired)

House wife INDUSTRY COUNTRY? Balto: Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Late Daniel W. Myer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Black Friars Rd. (Yes, no, or unknown) (If yes give war or dates of service) Mr. John Murray cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO 6 Sura Carditions, if ony, which gave rise ta immediate cause (a), **DUE TO** stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending After this certificate has been be detached far use os the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Part I or Port II of item 18) 20a ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INBURY OCCURRED (City or town) (County) (State) 20c. TIME OF NURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (!) (this hospital) attended the deceased from 1967, to 84, 30, 1967, that (1) (we) last 19 6 7, and that death occurred at 3.25 PM, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on deep. 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, poge 3 22d. ADDRESS 22c. PHYSICIAN S D. C. MacLaughlin 303 N. Rolling Road NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Lorraine Park Cemetery Balto., Md. - 4101 Edmondson AVO. 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 EUNERAL DIRECTOR VR A15 (4) Balto., Md. 21229



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 10616 HEALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Baltimore delay 1 nd 3 ta o. STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest tawn) Towson Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? St. Joseph's Hospital 4247 Shamrock Avenue Office mlang with far State YES NO X in Item 18. Give Pages 3. NAME OF First Middle 4. DATE Month DECEASED WALTER MYERS, Jr. DEATH LOUIS December (Type or print) 18. 67 S. SEX 6 COLOR OR RACE 7 MARRIED X 8 DATE OF BIRTH 9 AGE (n years F UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Hours May 27, 1934 WIDOWED DIVORCED after death Male White 33 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even fretired)

Contractor, 12 CTIZEN OF WHAT COUNTRY?
U.S.A. 1) B.RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR INDUSTRY Home Improvement Baltimore, Md. 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME certificate should be executed with n Mary Scharnagle Walter L. Myers, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service)
Yes 1951-1955 213-30-4465 Walter L. Myers, Sr. 4247 Shamrock Ave. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse lost. 19 WAS AUTOPS PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of nicry in Part I or Part It of Item 18.) PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (home, form, 20f (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) of work of work 21. I certify that I took charge of the remains described above, held on Autopsy K7, Inspect on . Inquiry , and in my apinian death resulted fram Natural causes X Accident , Suicide , Undetermined manner the funeral director Hamicide | CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 12/19/67 **EXAMINER'S** Werner U. Spatz, M.D. NAME (Type) Address (Street, city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) 0 REMOVAL (Specify) 12/21 67 Baltimore National Cemetery Baltimore, Md. Burial 250 REGISTRAR S SIGNATURE 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15ME (5) Ullrich Funeral Home 4210 Belair Road.



· 10 ×				MARYLAND STATE DE		
5-1	1.			1662 Division of STATISTICAL RESEARCH AND RECORDS 301	W. PRESTON STREET BALTIMORE, MARYLAND 212	01
1	X		1	It CERTIFICATE	OF DEATH	. S 1
1	death.	M	-	PLACE OF DEATH BALLTIMORE.	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before adm ssion)
	funeral funeral			COUNTY CATORS VILLE MARYLAND	o STATE b COUNTY	· · · · ·
	or after by the former of the			CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest fawn)
	by the fur Pages 1,		Rt	write RJRAL and give nearest town) Iral — Catonsville 21 months	Baltimore	
	t ha	1		NAME OF HOSPITAL OR INSTITUT ON (If nat in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	filled for the 24		-	SHAGRI-LA MURSING HOME	614 S. Washington St. #21231	YES NO T
	within 24 hr rely filled in box popers.			NAME OF DECEASED VICTORIA NADOLHY	Last 4 DATE Month OF 12 - 21	Day Year
	ed v				VEATIN	12.0
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	and rem	5	100	USUAL OCCUPATION (Give kind of work done) 10h KIND OF RUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 CIT	ZEN OF WHAT
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	fica ysic	5	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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	death cer tending primit. The	2	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. II	NFORMANT Address	
	dec	2		No: 02/6-01-1019 Sta	nislaus Nadolny - 614 S. Washi	ngton St.
	the c	3		18. CAUSE OF DEATH (Enter daily one couse per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
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	phy phy sign buri			rise to immediate cause (a),		
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	ar ar te h	1/-	Ĕ			YES NO V
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor popers. Pages 1 and 2 manual and with the state Deat of Harith print to hiritial tremation or removal and in any event within 72 haurs after peats.		CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I or Part II of Item 18.)	
	PHY by ho lis c	5	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cou ary, street, affice bldg., etc.)	nty) (Stote)
	the the	ט פ	WE.	p.m. 19 at wark 🗀 at wark		
	Aft Aft	ם מ		21 1 certify that (1) (this hospital) attended the deceased from	4-2-, 1966, to 12-21-, 196	Z, that (I) (we) last
	South State of the			saw the deceased alive on 12-21-1967, and that		ne date stated obove. TE SIGNED
	OR A) be rett OIRECT			220. SIGNATURE Cour Valle Cours M.	ATTENDIAG MED STAFF —	- 21-67
	AL Cay by by the Digge			22c. PHYSICIAN'S NAME (Type) CESAR VALLE CAVERO	22d. ADDRESS 8629 Liberty Rd	
	Page 4 may ro Funeral large director, pag					(C)
	Hard Bar		230	BURIA. CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMETERY OR STEPPING ST		(County) (Stote)
	5 5	1/10	24	Burial 12/23/67 St. Stanislau FUNERA DIRECTOR ADDRESS	S Beltimore Maryla 250. RECD BY REGISTRAR 256. REG STRAR 5 SI	GNATURE
	VR A15 N	J/)		George A. Weber - 705 S. Ann St. #21231	DATEDEC 26 1967 Milliant	



10	1	DIVISION	MAR OF STATISTICAL RESI		PARTMENT OF S, 301 W. PRESTO		TIMORE 1, MA	ARYLAND
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	and the same		(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate il		
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	r at te h t	PART II. OTHER SIG	INIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION G	GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
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	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed b detached for use as the burial-trane Dept. of Health prior to burial, cre	OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH 20b. C	DEGOTION HOOK! OOO	SINCES (EIICO) HELGIO C	inguity (in fail total	1 41 11 01 110111 20.7	
	HYSI This Stacl Dep			INJURY OCCURRED 200, PLA	CE OF INJURY (Home, f	arm, 20f. (City or	town) (Cour	nty) (State)
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	TTE Stair Should be the the the the the the the the the th	saw the dece	ased alive on how.	719 6 7_, and tha	t death occurred at	of G-M, from the	causes and on th	e date stated above
	OR ATTENDING be retained by IRECTOR: After e 3 should be ed with the State	22a. SIGNATURE	Louis 2- C	1/200	ATTENDING	MED. STAF	22b. DA	TE SIGNED
	AL Clay hay bage page file	22c. PHYSICIAN		M.I	D. PHYS. 22d. ADDRESS	DIRECTOR PHY	s. 🔲	10101
	HOSPITAL age 4 mai FUNERAL irector, pa	NAME (Type	Dr. Louis E	. Wice	920 St.	Paul Str	reet Bal	to. Md.
	TO HOSPITAL OR ATTENDIN Page 4 may be retained 1 TO FUNERAL DIRECTOR. At director, page 3 should be should be filed with the S	a. BURIAL CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETER			(City, town or cour	
	5 5 S	Burial	12-29-67	Woodlawn	Cemetery	Baltin	nore, Co.	. Md
	////	H W J	enkins & Sons	ADDRESS OF O	12 25a. RE	C'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
	VR A15 (4)		Thinsyerkona	Balto, Md	• DATE J	AN 2 1988	B / -	1 1 1 1 1 1 1 1 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND c LENGTH OF STAY IN 15 b CITY OR TOWN (If autside corporate limits, m ts, write RURAL and give nearest town 2, a. PM3. d. NAME OF HOSPITAL OR INSTITUTION (H not in haspital give street address) Item 18. Give Pages 1, Office along with farm 8 Wyndcrest Ave. ate s certificate shauld be executed within 24 haurs after death NAME OF DECEASED YENDOLYN 9 AGE (In years NEVER MARRIED B. DATE OF BIRTH orthdoy) 11/4/05 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? IND.,STRY Bltimore, Md. d "pending" in pencil in Chief Medical Examiner's Ush 14 MOTHER S MAIDEN NAME AMAN 2'S HATHER'S NAME Gertrude Garner Late- William Johnson IS WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, ar unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Gladys Pfieffer 12 b. Jella Grove ad INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH ATARAL CAUSES IMMEDIATE CAUSE (o) DJE TO Conditions if any which gove rise to immediate couse (a), DUE TO stating the underlying couse PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? crematian, ar remayal, NO ZZ 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part I or Part I of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF NJURY (Home form, ((by or town)" 20c TIME OF INJURY Manth, Doy, Year 20d IN ILLRY OCCURRED (County) (Stote) foctory, street, affice b dg etc.) FUNERAL DIRECTOR: Page at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy I, Inspect on I, Inquiry and in my opinian death resulted from: Natural rauses Accident . Suicide Undetermined monner the funeral director. CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Heisoh Ackay NAME (Type) Address (Street, city, town or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. 50 REMOVAL (Specify) Lorraine Park Hausoleum Bultimore. Md. 12/12/67 Entombment **ADDRESS** 2So RECD BY REGISTRAR 24 Linekal Dikeriuk "itzke F D. - 4101 Famondson Ave. VR A15ME 6M 1/67



16625 10620 FOR STATE HEALTH DER PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o COUNTY o STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND delov b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c CITY OR TOWN (If guts de carparate limits, write RURAL and give nearest town) c LENGTH DE STAY N 16 Dundalk Dimdalk lond 2 with the State Depo d NAME OF HOSP TAL DR INSTITUT DN (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Chief Medical Examiner's Office along with form Dunleer Apts. Dunleer Apts. YES NO IX This certificate should be executed within 24 hours ofter dooth 3 NAME OF Eirst Middle Lost 4 DATE Month DECEASED Novotny Milton L. Dec. 31. 19 67 DEATH (Type or print) 9 AGE (in years FUNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Jast birthdoy) Months Doys Hours Male White Aug. 24, 1892 event within 72 hours after deoth. WIDOWED X DIVDRCED 11 BIRTHP_ACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Novotny File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Anna Goetz 7610 Bagley Ave. 18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY MMED ATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH DUE TO νпо Conditions, if ony, which gove rise to immediate couse (a), shauld be forwarded to DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED JO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? cremotion, or removol, 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW OCCURRED (Enter nature of injury in Port I or Port II of Item 181 3 shauld PRIMARY Or CONTRIBUTING CAUSE DE DEATH 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e P.ACF OF INJURY !Home form (City or town) (County) (Stote) Hour am. foctory, street, office bldg, etc.) Not White may be retoined for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I took charge of the remo pe described obove held an Autopsy Inspection ... Inquiry Z ond in my opinion Ngturo couses death resulted from. Acadent . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22/DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER M.B. Davis, M.D. NAME (Type) Address (Street city town or county 6800 Mornington Rd. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town 230 BURIAL CREMATION 0 Burial (Specify) Baltimore National January 4 Baltimore, Maryland 256 RE STRAR S SIGNAT IR 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR VR A15ME (5) Ullreh Funeral Home 4210 Belair Road.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Baltimore COUNTY o. STATE 3 to Page deloy is Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) CLENGTH OF STAY N 16 b CITY OR TOWN (I outside corporate limits, pup write RURAL and give nearest town) ¥3 Essex (21) Essex (21 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1511 Nicolay Way word "pending" in pencl in Item 18. Give Poges the Chief Medical Exominer's Office along with Let YES NOCT 1511 Nicolay Way This certificate should be executed within 24 hours after death NAME OF Middle 4 DATE DECEASED OF DEATH (Type or print) O'DATR December HIBBRT OWEN S. SEX 6 COLOR OR RACE 8 DATE OF BRITE AGE (In years 7. MARRIED NEVER MARRIED lost burinday) Doys Hours and in ony event within 72 hours ofter death Male White WIDOWED DIVORCEDE April 1, 1900 11 BIRTHPLACE (State or foreign country) too USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUS NESS OR 12 C TIZEN OF WHAT during most of working le even if retired) INDUSTRY Steel Illinois Machinist 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Abe O'Dair 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) 213 09 3218 Dorothy Adair Same Yes MIN. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) writing the word DHE TO Conditions, if ony, which gove nse to immediate couse (o), forwarded to DHE TO stoting the underlying couse cremotion, or removal, PART II, OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO X 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐... 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) 3 should CAUSE OF DEATH. MEDICAL 20s. T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work FUNERAL DIRECTOR: Poge ol work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1. ∕Inquiry [and in my apin an death resulted fram: Natural causes Accident Suic'de Hamicide Undetermined manner the funeral director CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER **EXAMINER'S** 105 Main ASt. (Meundalk ground) 21222 may NAME (Type) Theodore Patterson, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230 BUR AL CREMATION. 0 Burial (Specify) 12/6/67 Balto, National Cemetery Baltimore, Md. 24 F. MERAL DIRECTOR VR ATEME 1407 Eastern Ave. DATE Funeral Home



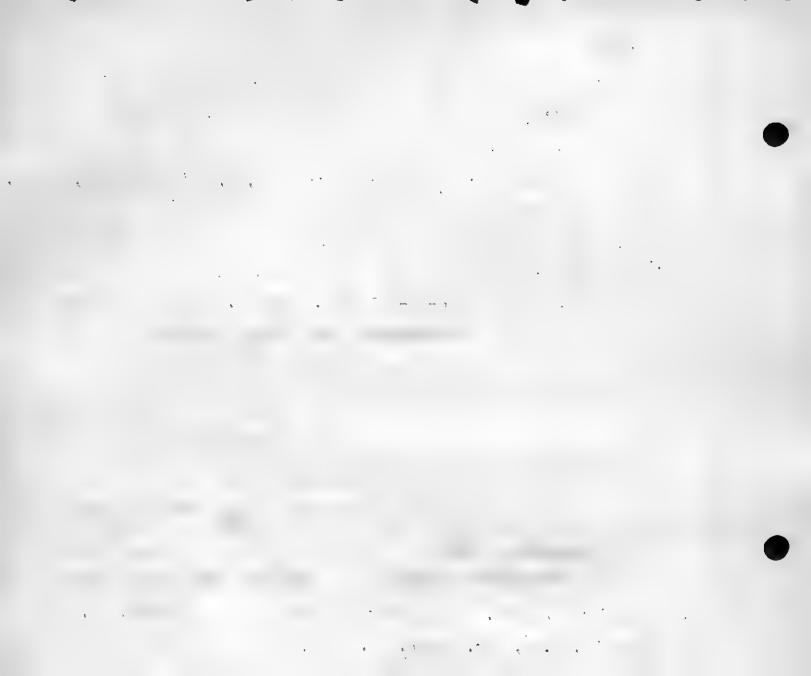


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15623 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Page b. COUNTY West Virginia Baltimore MARY, AND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and P.M.3 Parsons BRÄKKMAKE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? form 234 Billings Ave. Give Pages 66 Transverse Ave. 21220 NO. ofter death along with NAME OF DATE DECEASED OF DEATH Type or print 12 167 SEX 7 MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR FLINDER 24 HRS NEVER MARRIED lost birthday) Months Dovs 6/13/98 any event within 72 haurs after death White WIDOWED TO DIVORCED Female 100 LSLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Housewife INDHISTRY COUNTRY? W. Virginia
14 MOTHER'S MAIDEN NAME USA This certificate shauld be executed within pencil 13 FATHER'S NAME Baxter Shaffer Lusendy Katherine IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21220 (Yes, no, or unknown) (If yes give wor or dates of service) Dortha Mae Sanders, 66 Transverse Ave Nο None 18 CAUSE OF DEATH (Enter only one couse per PART | DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (6) writing the ward 4201 DUE TO Conditions, if any, which gave rise to immediate couse (a). Ξ DUE TO stating the underlying couse nsed remayal, PART I OTHER SIGNIFICANT CONDEST CONTR BLT NG TO DEATH OUT NOT RELATED TO THE TERMINAL 19 WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS Enter nature of injury in Port 1 or Port II of item 18) 3 shauld PRIMARY I or CONTRIBUTING CAUSE OF DEATH cremation, MEDICAL 20e PLACE OF INJURY (Home form, 20c TIME OF NJURY Month, Day Year 20d NILRY OCCURRED (City or fown) (County) (Stote) Hour om factory, street, office bldq., etc.) at work please execute of work 21. 1 certify that I taak charge of the remains described above, held an Autopsy [Inspection [and in my opinion death resulted from Natural Couses Accident Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATUR ASSISTANT MEDICAL EXAMINER [DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d LOCATION (City or Town) REMOVAL (Specify) 12/24/67 Burial Parsons City Cemetery Parsons 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Howard H. Hubbard Funeral Home, 4107 Wilkens 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 21087 owson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES ND [X within NAME OF Middle Last 4. DATE Month Day Year DECEASED ä OF DEATH event, (Type or print) le.cembe. 5. SEX 6. COLDR OR RACE DATE 7. MARRIED X AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED any Jast-birthday) Months Days Hours WIDOWED DIVORCED Ξ 1Da. USUAL DCCUPATION (Give kind of workdone) 1Db. KIND DF BUSINESS OR physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITUZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? death certificate FATHER'S NAME removal ed by the attending partners transit permit. Then cremation, or remova 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (If yes give war or dates of service) 218-01-8528 Mrs. ame Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physic n. gned been signed the burial-tr DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 88 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health 19. WAS AUTDPSY certificate PERFORMED? the hospital or YES T ND [20a, ACCIDENT WAS UNDERLYING IT I be detached for State Dept. of I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part 1) of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While While 19 at work at work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 196 19.6.7. that (i) (we) last and that death occurred at 2:50 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED þ page ATTENDING STAFF PHYS. 4 may M.D. PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S ADDRESS director, p 224 NAME (Type) CENTER 23a. BURIAL, CREMATION., 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (SOMOTHY) Baltimore, Parkwood emeteru 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. REGISTRAR'S SIGNATURE VR AIS 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16632 CERTIFICATE OF DEATH 10625 The law requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND xaltimore b. CITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn) c. CITY OR TOWN (If aufside carparate limits, write RURA), and give nearest town) c. LENGTH OF STAY IN 1b. Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Meghany Ivenue 35 Me han's rivenue YES NO 🔀 NAME OF 4 DATE please remave carban Year and in any event, wit DECEASED OF OEATH Weeph Stieber Parker (Type or print) December 9 AGE in years 6. COLOR OR RACE 7 MARRIEO NEVER MARRIED OATE OF BIRTH clast birthday) White Oays Hours DIVORCEO **10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please rem 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. 81RTHPLACE (County & State, or foreign country) during most of working life, ever if retired) Retail COUNTRY? Maruland vo cer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Richard ranker atherine Stieber 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service Family Rewards lione burial, crematian, 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSEO BY: INTERVAL BETWEEN ONSET_AND_DEATH IMMEDIATE CAUSE (o OUE TO Canditions, if any, which gave rise to immediate cause (a), **OUE TO** stating the underlying cause director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMEO? NO ATTENDING PHYSICIAN: 20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (Caunty) (State) 20c. TIME OF HUJRY Month, Ogy, Year Hour 'a m. factory, street, affice bldg., etc.) Nat While at work L. 21. I certify that (1) (this hospital) attended the deceased fram 19/2 /, that (1) (we) last Page 4 may be retained , and that death occurred at 700 A M, from causes and on the date stated above. saw the deceased alive an 22b DATE SIGNED 22a. SIGNATUR ATTENOING DIRECTOR M.O. 22d. ADORESS 22c. PHYS CHAIN S NAME (Type 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) REMOVAY(Specify) irospect Hill emetery 10 son. 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4 oun burns lowson, arriland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16633 CERTIFICATE OF DEATH 16626 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. death funerol ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Harford MARYLANO b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c (13Y OR TOWN (If outside corporate limits, write RURAL and give nearest town) nours of Bel Air Md. þ Catonsville LIVES LIMO d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ,⊆ d. STREET ADORESS e IS RESIDENCE papers ON A FARM? filled 111 Fairmont Drive and in any event, within YES NO [Spring Grove State Hospital NAME OF remove corbon Middle 4 DATE Lost Month Doy У еаг DECEASED (Type or print) 0F Catherine Estelle Parr DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO B DATE OF BIRTH lost birthdoy) Months Doys Hours WIDOWED DIVORCED white female 8月95 100 JSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** ottending physician permit. Then please New York II_S 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremotion, or removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the coursel puriol-transit p INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician DUE TO Conditions, if any, which gove (b) nse to immediate couse (o), DUE TO stoting the underlying couse has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO certificate YES 200 ACC DENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH TO FUNERAL DIRECTOR: After this certification and a 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg, etc.) O HOSPITAL OR ATTENDING nt work 19 6 / that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10 P-M, fram causes and on the date stated above. 19 (2), and that death accurred at, saw the deceased alive on. 22o. SIGNATURE 22b DATE SIGNEO MED DIRECTOR STAFF PHYS. M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) J04 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town (County) (Stote) REMOVAL (Specify) HACA 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE limites VR A15 (4) 25M 1/67



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	1	CERTIFICATE OF DEATH
rs after death	Page I and 2	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a STATE b. COUNTY b. COUNTY b. COUNTY Maryland Baltimore Baltimore C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hau	d in b pers. 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM2.
within	ely fille ban pa within	Foxleigh Nursing Home 203 Greenview Ave. YES NO A 3 NAME OF DECEASED (Type or point) Francis Xavier Patrick OF DECEMBER DECEMBER 24 19 67
requires that the death certificate be executed within 24 haurs after death g physician.	physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. burial, cremation, ar remaval, and in any event, within 72 h	Color of RACE The Marked
death ce	rttending srmit. Th n, ar rem	15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) (Yes, no, or unknown) (If yes give wor or dotes of service) 212-09-4260 Catherine Patrick Relateratory Md
The law	the law attendin has been to the as the has the has the has the hardent to the ha	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b) DUE TO (c) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b) DUE TO (c) Conditions of the significant conditions containing to the and put not peragging the underlying cause (c). DUE TO (d) Conditions of the significant conditions containing to the and put not peragging to the terminal pictures condition cancer in page 16).
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 19 of wark of work of
70 H0 Poge	director dir	230 BUR AL (REMAT ON, REMOVAL (Specify) Burial Dec. 28.1967 Ever green Mem. Gardens Finksburg, Maryland 24. FUNERAL DIRECTOR ADDRESS Owings Mills, Maryland DEC 28.1967 Page 1967 Dec. 28.1967 ADDRESS Dec. 28.1967 Dec



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16628 the law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n. COUNTY BALTIMORE MARYIAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside carparole limits, write RURAL and give negrest town) 12 MO. ALTIMOR d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 7117 YORK YES NO X NAME OF DATE Year First DECEASED OF DEATH BEATRICE 12 196 COLD DATE OF BIRTH 9 AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED lost birthday) AUG-20, 1879 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY ME during most of working life, even if retired) RISINC SUN 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME KEILHOLTZ 17. INFORMANT PATTEN BALTIMORE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a)-(b) and (c) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES | NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While of work 2). I certify that (I) (this hospital) attended the deceased fram. , 1900, 10 march , and that death occurred at 5 A. M. from couses and on the date stated above 1967 sow the deceased olive an 22a SIGNATURI 22b. DATE SIGNED M.D DIRECTOR PHYS. 22c. PHYSICIAN S 10 HOSPITAL directar, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) WESTNOTTINGHAM COLORA ND 25b. REGISTRAR'S SIGNATURE RISINGSUP, MD VR A15 (4) 20 M 1/66





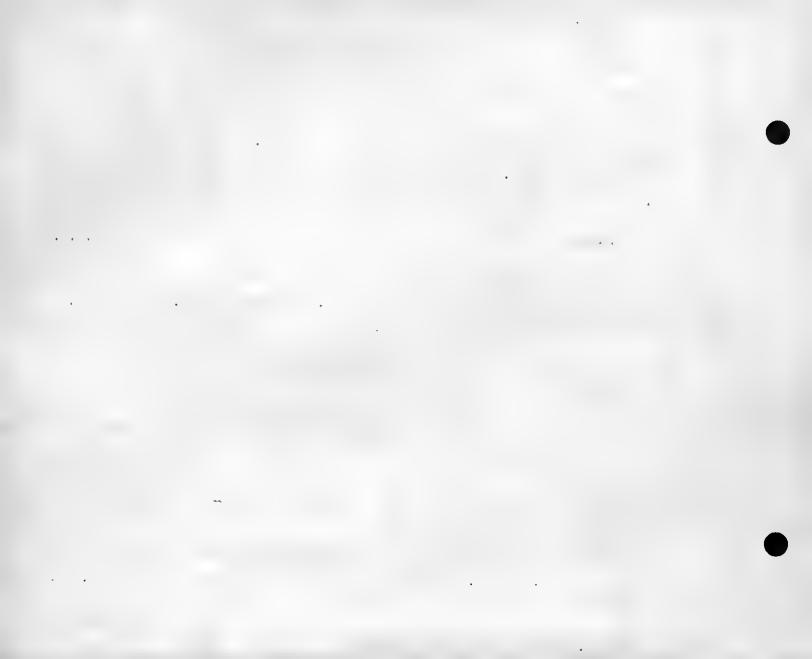
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1663 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral offendeath PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o COUNTY o. STATE **b** COUNTY Baltimore MARYLAND b (ITY OR TOWN (If outside corporate limits, write RURAL pag give nearest town)
ICLEWILGE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Armacost Nursing Home 2221 Lake Ave. YES NO X With NAME OF First 4. DATE signed by the attending physician and campletely i burial-transit permit. Then please remove carbon Lost Month Dov Year DECEASED FRANCES A. - PETERKA 25 1967 and in any event, Type or print Dec. DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIFO 79 vrs. Months Hours 3/8/1888 female white WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRAS Czechoslovakia home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Joseph Slechta unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Marie J. Peterka, doht, above 18. CAUSE OF DEATH (Enter only one couse per lipe-for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSAT AND DEATH ancino ma IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. at Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 21. I certify that (I) (this haspital) attended the deceased fram. Nov. 22 to 1/4, 25, 1967, that (1) (Wellast 196 / 2, and that death accurred at 2,30 AM, from causes and an the date stated above saw the deceased alive an_ 196 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** remensen M.D PHYS PHYSICIAN 22d ADDRESS Zimmerman Harford Road Dr. ov. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 12/28/67 Holy Redeemer Com. Baltimore, Md. Schinunek Funeral Home, Inc. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE . VR A15 (4) 3331 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16638 CERTIFICATE OF DEATH 16631 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b COUNTY Prince George's Baltimore o STATE Maryland after MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) r. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Catonsville ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Cheverly, Maryland Lyr9mth3dys d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? SPRING **GROVE** STATE HOSPITAL 6106 Arbor Street NO DO NAME OF Middle 4 DATE Eirst Lost Doy Year DECEASED (Type or print) OF DEATH December 1210 William Charles Petrie, Sr. S SEX IF UNDER 1 YEAR IF UNDER 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years 79st birthdoy) Months Dovs July 1, 1888 white WIDOWED DIVORCED male 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? construction nlasterer 13. FATHERS NAME Scotland S. 14. MOTHER'S MAIDEN NAME ar remaval, William Petrie Mary McGovern 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219-07-3474 Records: SPRING GROVE STATE HOSPITAL Army WNI C 209 649 burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Bronchopneumonia, right lower labe, orga IMMEDIATE CAUSE DUE TO Conditions, if any, which gove Malnutrition and dehydration n nths rise to immediate cause (a), cerebral arteriosclerosis DUE TO stoting the underlying couse (Ancrexia and Chronic Brain Syndrome a.so. 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 4 C PAT 19 WAS AUTOPSY PERFORMED? Arterioscle otic Cardiovascular Ht. Dis.: Decubitus Ulcer. 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Hour o.m. factory, street, office blda., etc.) at work TO FUNERAL DIRECTOR: After attended the deceased fram March 8, 1963, to Dec. 12, 1967, that (we) last Dec. 12 19 67, and that death accurred at 55 M, fram causes and an the date stated above. 2). I certify that \$0 (this haspital) attended the deceased from March 8 saw the deceased alive an... 220. SIGNATURE 22b. DATE SIGNED 12-13-67 director, page 3 should be filed v DIRECTOR PHYS 22d. ADDRESS SPRING GROVE 22c PHYSICIAN'S STATE HOSPITAL NAME (Type) Anthony J. Young, M.D. Catonsville, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR



	_]	- DIVISION OF VITAL DECORDS 201 W DDES	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND	21201					
		CERTIFICAT	E OF DEATH	1663"					
	s after death the faterial coges and 2	PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, a. STATE Maryland	P COUNTA					
	by the	b. CITY OR YOWN (If outside corporate limits c LENGTH OF STAY IN 1b write RURAL and give nearest town) Catonsville	c CITY OR TOWN (If outside corporate limits, Baltimore	30.4					
	in 24 ho	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Shady Nook Nursing Home	d STREET ADDRESS 132 S. Collins Av	renue e is residence On a farm? YES NO					
	etely fill arbah p	3 NAME OF First Middle DECEASED (Type or print) Lucy V. Phebus	Last 4. DATE OF DEATH Dec	Marth Day Year cember 9, 19 67					
	comply nave con	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Female White WIDOWED X DIVORCED	B. DATE OF BIRTH 9. AGE (In doct bir 77 bir	thday) Manths Days Haurs Min yrs.					
	e be e an and ase rer ndin a	10c USUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired) Housewise	11. BIRTHPLACE (County & State of fareign coun Mary land	12 CITIZEN OF WHAT COUNTRY?					
	ertifical physici nen ple laval, a	13. FATHER'S NAME Fuller Wright	14 MOTHER'S MAIDEN NAME Mary Warfield						
	Seath a	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Irs. Lois Frey, 132 S.	Address Collins Ave. 21229					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fameral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers. Pages and should be filed with the State Dept. af Health prior to burial, tremation, ar removal, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) The conditions, if any, which gove rise to immediate cause (a), storting the underlying cause lost. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) The coupling to the coupling cause (b) and cause (b) are coupling to the underlying cause (c)	TIC OV HEART	DISEASE INTERVAL BETWEEN ONES AND PAIR					
	AN: The load and an attentant cate has boar use as for the death price	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF		14710NS. YES NO X					
	OR ATTENDING PHYSICIAN: be retained by the haspital or JIRECTOR: After this certificate e 3 shauld be detached for the ed with the State Dept. of Hea	TO IA BETES MENLITUS. BILATED TO STATE	PLACE OF INJURY (Home, form, 20f (City or octory, street, affice bldg., etc.)	town) (Caunty) (State)					
	R ATTENDIN retained by ECTOR: After 3 should be with the Stat	21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an 12.9 1967, and the	nat death accurred at 1-topM, fram	causes and on the date stated abave					
	L OR A1 be rete DIRECT ge 3 sh lifed with	220 SIGNATURE Ley F. Schrafer 220 AHYRCIANS	M D ATTENDING MED. ST. PH	AFF III III III III					
	MD PHYS DIRECTOR								
, 1 %	Page To Fu direction	BURYAL Specify) 12-13-1967 Jennings Ch.		City or Town) (County) (Stote) Ce, Maryland 25b. REGISTRAR'S SIGNATURE					
	WR A15 (4)	Howard H. Hubbard, 4107 Wilkens Avenue	21229 DATENEC 1 2 196	Milsonles Judges					



$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}$	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
	16640 CERTIFICATE OF DEATH	6633						
1 de la	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	sidence before admission)						
	a. COUNTY Baltimore MARYLANO MARYLANO B. STATE b. COUNTY	Andrew Control						
by they ages y	b. CITY DR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)	URAL and give nearest town)						
Paris Production	Rural - Towson 17 days BALTIMORE 21224	and the same of th						
24 hours gHear in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?						
ithin 2	Greater Baltimore Medical Center 10 5, 0 20 20 NO 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Oay Year						
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ited wi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNOER	YEAR IF UNDER 24 HRS.						
ath certificate be executer attending physician an∎ c≡ rmit. Then please remove n, or removal, and in any ev	Male Cau WIDOWED DIVDRCED 1-21-76 7/ yrs.	Oays Hours Min.						
be e cian ase r	during most of working life, even if retired) INDUSTRY CO	TIZEN OF WHAT UNTRY?						
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tifics g pt hen nova								
cerr ndin	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	21224						
requires that the death certificate nding physician. been migned by the attending physis the burial-trans.'t permit. Then plexior to burial, cremation, or removal, as	(Yes, no, or unknown) ((Ifyes pive war or dates of service) 216-09-4683 BOSE PIETROW CZ 10 5 413	1111111						
e de	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH						
at the san. d by rans crem	PART I. DEATH WAS CAUSED BY: Carotid Artery hemorrhage	OHOLI AND OLIVII						
ysici ial-frial-	171 OUE TO							
ulres	conditions, If any, which gave rise to Immediate (b) Carcinoma of base of tongue							
law requi	cause (a), stating the CUE TD underlying cause last. (c)							
The law requires that the or attending physician. Sate has been mignand by the use as the burial-trans: the saith prior to burial, crematal		19. WAS AUTOPSY PERFORMED?						
The cate	ICAT TO THE TOTAL	YES ND						
PHYSICIAN: The law requires that the hospital or attending physician. ■ this certificate has been mign≡d betached for use as the burial-trante Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	,						
PHYS the b this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (Cou	nty) (State)						
by them be state								
PITAL OR ATTENDING PH 4 may be retained by the IRAL URICTOR: After th or, page 3 should be del i be filed with the State C	10/10 (7	Z_, that (i) (we) last						
ATT reta ICTO 3 sho		TE SIGNED						
AL OR nay be II. UIRI page	I I I G // I II	2/11/67						
	22c. HYSICIAN'S 22d. AOORESS							
O HOSPITAL Page 4 may adjuster, pa	John E. Adams, M.D. 6791 N. Charles Street	inty) (State)						
5	REMOVAL (Specify) 12-1/1-17 Hall Recognit (See	MA.						
A\	24. FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE						
VR A15 (4)	U. FIAIKOWSKI 2007 EASTERN AVE DATE DEC 13 1967 your	res judge						
20M 1/65 V	m tiallowski BALTO MP 21231							

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	LACE OF DEAT	H .					2. USUAL RESID	FNCE (Whee	a described	Bund II I	natitution. P.	aridanca	helore edmissio
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	Tow							Baltimo	re			_	22 3
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	NAME OF DECEASED		First	t	Middle	9	Last	4. DAT	TE .	Month	,	Doy	Yeer
	Type or print]	S	ylvia		Loui	se	Pollard	DEA	TH	12	/5		19 67
5.	SEX	6. COLO	OR OR RACE	7. MARRI	IED NEVER MAR	RIED B.	DATE OF BIRTH		9. AGE	(In years	IF UNDER 1		UNDER 24 HRS
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dol	e during most of we Dome		eVen if ratire	ed]	Private	Family	Glouce	ester C	CO. VA	. 1	1	J.S.	A .
13.	FATHER'S NAME	0.10			1111000		14. MOTHER'S MAIL			-	,	41	
	1110	11/00	Pollar	ha				Daisy J	lones				
15.	WAS DECEASED EV				SOCIAL SECURITY	Y NO.+ 17. YN		Jaisy J	Ones	Address			
	, no, or unkown)			sarvice)			Robert P	المحمال	2000		ah Assa		
_	NO J	TESTH IL.	atas aniu an		228-42-60 line for (a), (b), an		. Wonetr L	irain	3009	AT OIL	dii Ave		VAL BETWEEN
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CABOR	Conditions, il engeve rise to immed (e), steting the cause test.	y, which 'iele ceuse	DUE TO (c))	Seas	e,				_] - 	WAS AUTOPS
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MARYLAND STATE DEPARTMENT OF HEALTH

1



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16642 CERTIFICATE OF DEATH 16605 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **a** COUNTY a. STATE b COUNTY 5 BALTIMORE MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate imits. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 103 DAYS CATONSVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? pope VETERANS ADMINISTRATION HOSPITAL 29 LINCOLN AVENUE NO TY event, within ban 3. NAME OF Middle 4 DATE First Last Day Year completely DECEASED LAWRENCE POLLOCK 1967 (Type or pnnt) DEATH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED XX DATE OF BIRTH 9. AGE (In years NEVER MARRIED remove last birthday) Months Days Hours In any NEGRO DIVORCED 5/18/21 WIDOWED and TOO USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT signed by the attending physican burial-transit permit. Then please burial, cremation, ar removal, and i during most of working life, even if retired)
MILLUWRIGHT INDUSTRY LUMERR COUNTRY? TILLER. ARKANSAS U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN POLLOCK MARY WILLIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service 218 07 63 63 CLINICAL RECORDS, VAH. FT. HOWARD. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) MONTHS EATH PART I. DEATH WAS CAUSED BY: TERMINAL BRAIN TUMOR IMMEDIATE CAUSE (a) by the haspital or attending physician DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DILE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) Dept. of Health NO 20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Harne, farm (City or town) (Caunty) (State) MED Hour a.m. Not While factory, street, office bldg., etc.) State at work 21. I certify that XDC(this hospital) attended the deceased from saw the deceased plive an DEC 14 19 57, and t SEPT 1967, that 11 (we) last 1967 be retained and that death occurred at 50PM, fram causes and an the date stated obave saw the deceased olive an 22a. SIGNATURE 22b DATE SIGNED director, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) ILL SHIN. M.D. HOWARD, MARYLAND VAH. SUNG 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION LOCATION (City or Town) (Stote) (County) BALTIMORE NATIONAL CEMETERY 2Sb. 24. FUNERAL DIRECTOR VR A15 (4)



	OF VITAL RECORDS, 301 W. PRESTO	N SIKEEI, BALIIMUKE, MAKYLAN	D 21201 .
16645	CERTIFICATE	OF DEATH	13636
DE COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased live a STATE CARLYLAND)	b. COUNTY Residence before admission)
b CIFY OR TOWN (If autside carparate limits, write RURAL and give negrest lown)	SVILLE	c. CITY OR TOWN (If autside corporate limi	
d. NAME OF HOSPITAL OR INSTITUTION (IF not MILFORD MANOR NSG HI	n haspital, give street address)	d STREET ADDRESS 3504 CEURTLEIGH 1	RD 21207 ON A FARM? YES NO DE NO DE NO.
	st Middle	Lost 4 DATE OF DEATH	Marth Day Year
s sex 6 color or race Fanale white	7 MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	5/12/XXXXX 7550	(In years IF JNDER 1 YEAR IF UNDER 24 HR. bigthday) Manths Days Hours Min
10a USUAL OCCUPATION (Give kind of wark dane during most of working life even if retired) MERCHAN I	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (County & State, as fareign co	iuntry) 12 CITIŽEN OF WHAT COUNTRY?
13. FATHER'S NAME MORRIS HAMBURGER		SADIE ?	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of	sarviral	NFORMANT S. SYLVIA CAPLAN. 35	Address 504 COURTLEIGH DRIVE
nse to immediate cause (a), DUE T	0) Myesand 10 Ar (ineo	al Jalactio	INTERVAL BETWEEN ONSET AND DEATH PA I HALLES
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO T		AEZ NO L
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Port I or Port I, af	<u> </u>
20c. TIME OF INJURY Manth, Doy, Yeor Haur a m p m 19		ary, street, office bldg., etc.)	ar town) (County) (Stote)
21. I certify that (1) this hosp saw the deceased alive on	ital) attended the deceased from	death accurred at 1/10 P M, from	n couses and an the date stated above
220 SIGNATURE	hille MO	. PHYS DIRECTOR L	STAFF D 22b. DATE SIGNED
22c. PHYSICIAN S NAME (Type)	d I Miller.	22d. ADDRESS 219500 R.C.	Coing, Milk, Mcl.
230 BURIA, CREMATION, 236 DATE THER REMOVAL-BURIAL 12-2-6			(City or Town) (County) (State) DELPHIA PENNSYLVANIA
24 FUNERAL DIRECTOR	ADDRESS IC.,6010 REISTERSTOWN	25a REC'D BY REGISTRAR	25b REGISTKAR 5 5 GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16644 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a STATE 6 COUNTY a. COUNTY Baltimore Maryland Baltimore MARYLAND c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 b CITY OR TOWN (if autside carparate imits, write RURA, god give negrest town)
Owings Mills Lutherville 23 months e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS filled 1420 School Lane Rosewood State Hospital YES [NO THE puriai-transit permit then please remove carbon pa burial, cremation, or removal, and in any event, within 3 NAME OF Middle 4 DATE Month Year First Lost DECEASED 27
IFUNDER 1 YEAR 67 **PURVINES** 19 Doris Marie DEATH (Type or print) AGE (In years IF UNDER 24 HRS 8. DATE OF BIRTH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Hours WIDOWED DIVORCED 9-21-50 Female. Negro 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of warking life, even if retired) **ENDLISTRY** attending physician permit Then please Baltimore City. Md. Dependent none 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Grant Lerov Purvines Viola Henrietta Warner 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Rosewood Records. Owings Mills, Maryland no none NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Acute Bronchitis Chronic (b) rise to immediate cause (a). DUE TO stating the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Cerebral Spastic Infantile Paralysis Page 4 may be retained by the hospital or 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) 20g ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg , etc.) Hour a.m. Not While at wark 1966 to 12/27 2). I certify that (f) (this haspital) attended the deceased fram. I/II. 19 67 that 34) (we) last 12/27 19.87, and that death accurred at 1.2:05M, promocauses and an the date stated above. saw the deceased alive an_ 22b DATE SIGNED 22a SIGNATUR STAFF PHYS ATTENDING 12/27/67 X M.D. DIRECTOR **PHYS** 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Rosewood St. Hosp., Owings Mills, Md Harry G. Butler, M.D. 23d LOCATION (City or Town) (County) DATE THEREOF BURIAL, CREMATION LEMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66





	_	1	MAKTLAND STATE DEPARTMENT OF HEALTH
1	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1		L	16646 CERTIFICATE OF DEATH 13639
death.	funda la		eceased-Name First Middle Lost Lost Dec, Month Day 1807 123 HOUR 123
after	9 9 0	3 5	
aurs	hours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIET STATE OF WHAT COUNTRY? 9. COUNTY OF DEATH
24 h	.= -		Md, U.S WIDOWED DIVORCED BATTIMORC
The law requires that the death certificate be executed within 24 haurs after death		1	THY OR TOWN OF DEATH The property of the prop
cuted	sician and campletely t please remave carban f, and in any event, wit	13a odm	USUAL RES. DENCE (Where deceosed lived, if institution, Residence before list. CITY OR TOWN 3d INSTITUTION 13d INSTITUTION STATE Md, 13b. COUNTY BALTO, CATONS FILE NO LEGYONDSON AVC.
exe	any cany	14.	FATHERS MAME First Middle Lost IS. MOTHER'S MAIDEN NAME First 60 Middle Lost
pe pe	din r		George W. RAdcliffe MARY ELIZABETH RAPPANIE
rtificate	physician nen please laval, and i		(es, np. or unknawn) (" yos give war or dates of service) 391-16-7154 VIOLA S, RADCLIFFE 606 Editionals on Andrews
les 4	attending p permit. The ian, ar rema	Г	1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN OKSET AND DEATH
deat	mit.		IMMEDIATE CAUSE (a) CAME MUSINE TOWN AND AMERICAL & 12, 47.
the	the at sit per natian	ı	TOO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)
hat	y th ansit		rise to immediate cause (a), (b)
es †	ed b		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.
NING PHYSICIAN: The law requires the	signed by burial-tran burial, cren		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
× re	the rta	No	
le la	as b as pria	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
± ± 5	alth S	CERT	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIA	ffice ff	3	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Yeor (If either, natify medical examiner) P.M. 19
PHYSICIAN:	this certificate has been letached for use as the Sept. af Health priar ta	MA MA	21d INTITIVE OF INTITIVE CALL PLACE OF INTITIVE AND HOME FARM STREET FACTORY 12 SECOND STREET OF D. C.
<u>i</u>	this deta e De		of wark of work
N A	After After d be d e State		22a. I certify that (I) (this haspital) attended the deceased from 12 1/4, 19 64, to 12-1/4, 19 67, that (I) (we) to saw the deceased olive an 12/14 19 67, and that in (my) (aur) opinion death occurred an the date and hour ond from the
ATTENDING	DR: /		causes stated above, (I) (we) (did) (did net) view the body ofter deoth.
OR AT	RECT 3 Short		221/ SIGNATURE) AND DEGREE PHYS DIRECTOR DIRECT
O HOSPITAL OR ATTEND	Or FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached for use as the burial-transit permit. Then shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remayal		22d. PHYSICIAN'S RObert A. Reterm D 22e. ADDRESS Edmonason and 21228
ISOH P of	UNE ecto auld	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
101	声音気の		BURGA (Specify) DCC, 18, 1967 ST. Johns HOWARD Md
	VR AT THE	24.	FUNERAL DIRECTOR 250 RECT BY REGISTRAR S SIGNATURE 250 RECT BY REGISTRAR S SIGNATURE 250 RECT BY REGISTRAR S SIGNATURE
	30M REV 168	6	SMac Mabb 301 Frederick DATE DEC 18 1961



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16647 CERTIFICATE OF DEATH 16640 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE b. COUNTY Baltimore Maryland Balti..ore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 64 days Baltimore For Howard The low requires that the death certificate be executed within 24 hour d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE transit permit. Then please remove corbon papely crematian, ar removal, and in any event, within 72 ON A FARM? 2632 Liberty Parkway Veterans Administration Hospital YES NO D NAME OF Middle First Lost 4. DATE Year DECEASED RETNERT EDWARD HENRY December (Type or print) DEATH IF UNDER 24 HRS s sex 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF JNDER , YEAR 7 MARRIED NEVER MARRIED 60 birthdoy) DIVORCED A 11/14/07 Male White WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Calining Industry Chapman, Penna. Time Keeper 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy buriol-tronsit permit. Then buriol, cremotian, or remova Oliver Reinera Minnie Wertz IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 213 07 84 62 Clinical Reds, VA Hospital, Fort Howard, Md Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. ONSET AND DEATH CARCINOMA OF LUNG IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse certificate hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? EMPHYSEMA, RIGHT CHEST. BRONCHO PNEUMONIA, LEFT LUNG NO 200 ACCIDENT WAS LADERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form-(City or fown) (County) (State) Hour o.m. foctory, street, office bldg, etc.) of work TO FUNERAL DIRECTOR: After 21. I certify that (this haspital) attended the deceased fram Oct. 24 67. ta Dec. 2719 6,7that (1) Twe) last . 19 be retoined saw the deceased alive an Dec. 27 19 67, and that death accurred at 10:2%, fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED MED. 12/27/67 director, page 3 DIRECTOR 22d ADDRESS JOHN D. TALBERT, M.D. VA Hospital, Fort Howard, Md 23d LOCAT ON (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, (County) (Stote) 12/30/67 Baltimore, Md. Oak Lawn Cemetery 210pmssDundalk Ave. 24 FUNERAL DIRECTOR 250. RECD, BY REG STRAR VR A15 (4 25M 1/67 Raltimore 22 Md ULLRICH FUNERAL HOME



DIVISION OF VITAL RECORDS, 301 W. PRES	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201
	S CERTIFICATE OF DEATH
DEPLACE OF DEATH O. COUNTY BALTO. MARYLAND	2 USUAL RESIDENCE (Where deceased lived, f institution Residence before admission) a STATE b COUNTY BALTO
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 27 KERRIA LANE	d STREET ADDRESS 27 KERRIA LANE ON A FARM? YES NO [2]
3 NAME OF DECEASED (Type or pnnt) SARAH S. RICH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Last
WIDOWED DIVORCED DIVO	AVG. 10, 1884 Sast birthday) Months Days Hours Min
during mast of warking life, even if retired) INDUSTRY 13. FATHER'S NAME	VIRGINITA (CS. 77) 14. MOTHER'S MAIDEN NAME
(Yes, no. or unknown) (If yes give war ar dates of service)	INFORMANT Address LAME
18 CAUSE OF DEATH (Enter only one cause per new (a), (b), and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a)	DAVIO RICHARDSON 13 COUNTRY CLUB Winou Occlusium ONSET AND DEATH
Conditions, if any, which gave nise to immediate cause (a), DUF TO	
	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO Q (Enter nature of injury in Part I or Part II of Item 18.)
5 204 TIME OF INTERN Month Day Year 20d INTERN OFFIRED 20e I	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour a.m 19 While at work 21. I certify that I taak charge of the remains described above,	held on Autopsy, InspectionInquiry, and in my opinion
deoth resulted fram Noturol causes Accident , S	uicide, Hamicide Undetermined monner CHIEF MEDICAL EXAMINER
SIGNATURE LOC FACTORION SIGNATURE EXAMINER'S THEO C DATE OF Y	M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
23g BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF STREET CONTROL OF CEMETERY OF CEMETERS	OR CREMATORY 23d LOCATION (City or Town) (County) (State) BALTOC IN D.
24. FUNFRAL DIRECTOR ADDRESS	MACE DATE DEC 20 1967 PETERS SIGNATURE



\angle 1 \Box	MARYLAND STATE DEPARTM Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PR	
FOR STATE	1664 MEDICAL EXAMINER'S CERTI	
HEALTH DEPT.	1 PLACE OF DEATH 0. COUNTY Baltimore MARYLAND 2. USUA G ST	L RESIDENCE (Where deceased lived, if institution: Residence before admission)
ony deloy is 2, and 3 to n PM3. Page of rimept of s over dearth.	Owings The Continue Town)	OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) hvings Mills
- S = ((C) =) \	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 5 Pleasant Hill Road	TADDRESS Pleasant Hill Road 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
we Power Power Properties of the State of th	(Type or print) Wylie L. Ritchey	
		st 8, 1405 Bast birthday) Months Doys Hours Min
	during most of working life, even if retired) INDUSTRY Ba	RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
withir penci xamin xamin ile pa	Michael W. Ritchey	HER'S MAIDEN NAME Bessie Laughlin
to be executed rd "pending" in Chief Medical E fransi permit. F	(Yeshno, ar unknown) (If yes give war ar dates of service) 214-38-4084 Mr. wy	lie L. Ritche: In. Owings Mills, 11d.
T 0	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Angina Pectoris	INTERVAL BETWEEN ONSET AND DEATH O mo
e wo e wo o the particular	Conditions if ony, which gave inse to immediate cause (a), (b) Arteriosclerotic C-V Di	s. 1 yr.
tific arde d os iol,	last.	AL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
in the state of the	77101	PERFORMED? YES \ NO \
IMER: This e certificate, should be fulles files a should be in the files are in the files	PRIMARY III OF CONTRIBUTING II CAUSE OF DEATH TONE 20: TIME OF N=RY, Month Day Year 20d INIURY OCC. RRED 20e P. ACE OF INI.	
Cute the ce cute the ce age 4 shor r your files r yoge 3 sh	Have a m. p.m. none 19 While at wark More toctory, street, at wark 21 Certify that I took charge of the remains described above, held an A.	affice bldg , etc.) stapsy , Inspection X, Inquiry X, and in my apinior
e functor report ITA Except the functor of functor. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth or its designoted age	death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲,	
DEPLITY MEDICAL DECESSORY, pleose estimated director. Simply be retoined of FUNERAL DIRECTOR design	ACTUAL SIGNATURE D. 2. Capilia M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
O DEPLITY necessory, the funerol 5 may be O FUNERAL Health or i	NAME (Type) D. Caples, M. D. O Hanover 23a BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR	
VR A15ME ()	BEMOVA (Specify) Dec. 4,67 till Scints Ceme 24, FUNERA DIRECTOR 3. F. Eline & Sons Reisterstown, Md.	Reisterstown, Md. 250. REC D BY REGISTRAR 925b. PECISTRAR'S SIGNATURE DATE DEC 4 1967 PECISTRAR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16651 CERTIFICATE OF DEATH 16644 The law requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE b. COUNTY BALITIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
FORT HOWARD 42 DAYS BALTIMORE - 21223 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 212 N. GILMORE STREET YES NOX NAME OF 4 DATE First Month completely f nove carbon Day Year DECEASED DECEMBER JAMES R. ROBINSON 12 67 DEATH burial, cremation, or removal, and in any event, (Type or pant) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) 1/5/09 MALE NEGRO WIDOWED X DIVORCED 12 CIT ZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

TRUCK DRIVER **COUNTRY?** INDUSTRY WHTTEHALL MARYLAND
14 MOTHER'S MAIDEN NAME FUEL COMPANY ILS.A. 13. FATHER'S NAME GRACE DAVIS CALVIN ROBINSON IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war or dotes af service) 16. SOCIAL SECURITY NO. 17 INFORMANT 2013 01 11 43 CLIN RECORDS, VA HOSPITAL, FT HOWARD YES WW II INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART | DEATH WAS CAUSED BY. signed by the burial-transit ONSET AND DEATH HEPATIC COMA IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO CIRRHOSIS OF LIVER UNKNOWN Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept, of Health priar to 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 2Da ACCIDENT WAS JNDERLY NG [2] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur form. Nat While al wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 10/30/67 saw the deceased alive an 12/12/67 19 , and that death accur 12/12/67/19 19 ____, that (PF(we) last , ta. _____, and that death accurred allO:30A, from causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED 12/12/67 DIRECTOR PHYS 22d. ADDRESS HYSICIAN S NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
BURLAL 12-15-BALTIMORE NATIONAL BALITIMORE, MARYLAND 2 ADDRESS 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 MORTEN & DYETTE FUNERAL HOME 1701 LAURENS ST. BALLINGRE



0 1	MARYLAND STATE DEPARTMENT OF HEALTH 16652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CEDITIFICATE OF DEATH	0545
rs after death the funeral ages 1 and 2 irs after death.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Resident of COUNTY) 2 STATE 2 USUAL RESIDENCE (Where deceased lived, if institution Resident of COUNTY)	ce befale admission)
hours of s. P.	Baltimore Baltimore Baltimore CITY OR TOWN (If autside carparate limits, write RURAL and give Baltimore 21206 MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give Baltimore 21206 MARE OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	03-,
in 24 ho	ST. JOSEPH HOSPITAL 421 Bucks School House Rd.	e IS RESIDENCE ON A FARM? YES NO
d withi	3 NAME OF First Middle Gost 4. DATE Month DECEASED (Type or pant) Joseph Marshal ROHE Graph DEATH December	Day Year 22, 19 67
executed d compl mave c	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Male White WIDOWED DIVORCED January 25,1889 9. AGE (In years left day) Months	Days Hauss Min.
te be to lan and lan and land in a	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Selfenployed 10b KIND OF BUSINESS OR INDUSTRY Store 11 BIRTHPLACE (County & State, in fareign country) Baltimore, Maryland 11 BIRTHPLACE (County & State, in fareign country) COUNTRY MARYLAND	UNTRY?U.S.A.
rtifica bhysic on ple val, o	13. PAIREKS RAME	
eath cer anding p nit. The ar rema	(165, 107, Or Ollining will file kes disse and or order or service)	21206 Avenue
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within/72 hours after death	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Wyocardial infarction DUE TO Coronary thrombosis secondary to coronary arteriosclerosis.	INTERVAL SETWEEN ONSET AND DEATH
N: The or after or after or use or ealth pre-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPS Y PERFORMED? YES NO
YSICIA aspiral certific thed fa	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED While Not While factory, Street, affice bidg., etc.) (Co.	
UG PH	p.m. 19 at wark 🗀 at wark 🗀	unty) (State)
TENDIN ined by OR: Affe build be the Ste	saw the deceased alive an 12/22/ 19 67, and that death accurred at 9:55 M, from causes and an the	67that (A) (we) last ne date stated above.
Page 4 may be retained by the haspitals or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	220 SIGNATURE M.D ATTENDING MED DIRECTOR STAFF 12/ 221 ADDRESS 222 ADDRESS	TE S GNED 22/67
SPITAL 4 may IERAL or, pa d be fi	NAME (Type Ines Cilliani, M.D. 7620 York Rd., Towson, Md.	
TO HOSPITAL Page 4 may TO FUNERAL I director, page Shauld be fill	230 BURIAL (REMATION, REMOVAL (Specify) Burial 12-26-1967 St. Joseph 's Cemetery Baltimore, Co. 24. FUNERAL DIRECTOR ADDRESS 25. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town)	(County) (State) Md
25M 1/67 0	Lassaln Juneral Home 740, Belen Road DATE DEC 27 1937	En Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16653 CERTIFICATE OF DEATH 10646 death. death ond PLACE OF DEATH funeral 2 USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) o. COUNTY o STATE b. COUNTY / Baltimore The law requires that the death certificate be executed within 24 hours after MARYLAND Maruland b CITY OR TOWN (if autside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carporate mits, write RURAL and a ve nearest town) write RURAL and give nearest town)

Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM peded Liberty Road 6800 Liberty Road YES NO ₽ 6800 carban NAME OF Middle 4 DATE Dov Year attending physician and completely sermit. Then please remave carban DECEASED MILTON ROSEMAN DECEMBER (Type or print) DEATH S SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (in years NEVER MARRIED I lost birthday) Manths Doys Hours and in any DIVORCED WIDOWED White Malo 21,1906 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)

Comptroller INDUSTRY COUNTRY? Baltimore. Md. Lauor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Aaron Roseman Mary Kaplan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [Yes, na, or unknown] [[If yes give war or dates of service] Lillian Roseman 6800 Libertu 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART L DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial-transit signed by IMMEDIATE CAUSE (o) 4 may be retained by the hospital ar attending physician. DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(c) YES NO. OR ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (County) (Stote) Hour o.m. While factory, street, office bldg., etc.) Not While ot work of work 21. I certify that (I) (this hospital) attended the deceased from / _, 1962, that (I) (we) last DIRECTOR: and that death occurred at 4220 M, from causes and on the date stated above saw the deceased alive on Dec 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL Irvin Sauber Dr. Park Heights Avenue NAME (Type) 23h DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVA (Specify) 12-8-67 Mikro Kodesh Beth Maruland Raltimore 24. FUNERAL DIRECTOR ADDRESS Reisterstown 6010 VR A15 (4) 25M 1/67 Levinson & Bros.



강	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-/	- "=01-		16657. CERTIFICATE OF DEATH 13647
	funeral	1.	PLACE OF DEATH a. COUNTY D. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) B. COUNTY
	in by the fr. Pages I hours after	R	b. CITY OR TOWN (if obtside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) UTAL TURK TOWN TOWN (If outside corporate limits, write RURAL and give nearest town)
O.L.	Page 1	7	a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO PROPRIED NO
	mithin poetery for carbon part, within	3.	NAME OF DECEASED (Type or print) Name OF Description A Day Year Deceased A DATE Month Day Year Year
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wing Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compled director, page 3 should be detached for use as the burial-transit permit. Then please remove cart should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	5.	6. COLOR OR RACE 7. MARKIED NEVER MARRIED 8. DATE OF BIRTH 1896 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. yrs.)
	e be e sician lease r and in	dur	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT EOUNTRY? Balto, Co, Md. 12. CITIZEN OF WHAT EOUNTRY?
	certificate be nding physiciar . Then please removal, and i		FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME DONCES ANN ROSIEM
	eath certifica attending ph ermit. Then on, or removal	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Parketon Md. R.D. Parketon Md. R.D. Parketon Md. R.D.
	t the d an, I by the ansit p cremation		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
	physicia signed signed ourial-tr		T + + / DUE TO Conditions, If any, which \ (b)
	v regulted and ing seen so been so the trior to trior to the trior to		gave rise to immediate cause (a), stating the DUE TO underlying cause last.
	The lan or atto cate had ruse a ealth p	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	certificated for the forth of H		20a. ACCIDENT WAS UNDERLYING COURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	ig PHYS by the l by the l ter this ne detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While at work at work at work A work
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the atte director, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept, of Health prior to burial, cremation, or		21. I certify that (I) (this hospital) attended the deceased from
	L OR Al y be re DIREC: age 3 s iled with		22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 12/2 5/67
	OSPITAL Se 4 ma JNERAL sctor, p		22c. PHYSICIAN'S NAME (Type) A. M. FRANCE PARKTON, Md.
	E S S S S S S S S S S S S S S S S S S S	238	REMOVAL (Specify) 12/29/67 Mt. Zion Cem. Free/and Md.
	VR A15 (2)	24	Jacob Hartinstein Tew Freedom, Ta Date JAN 2 1968 Miles Constant C
	7	N/	V

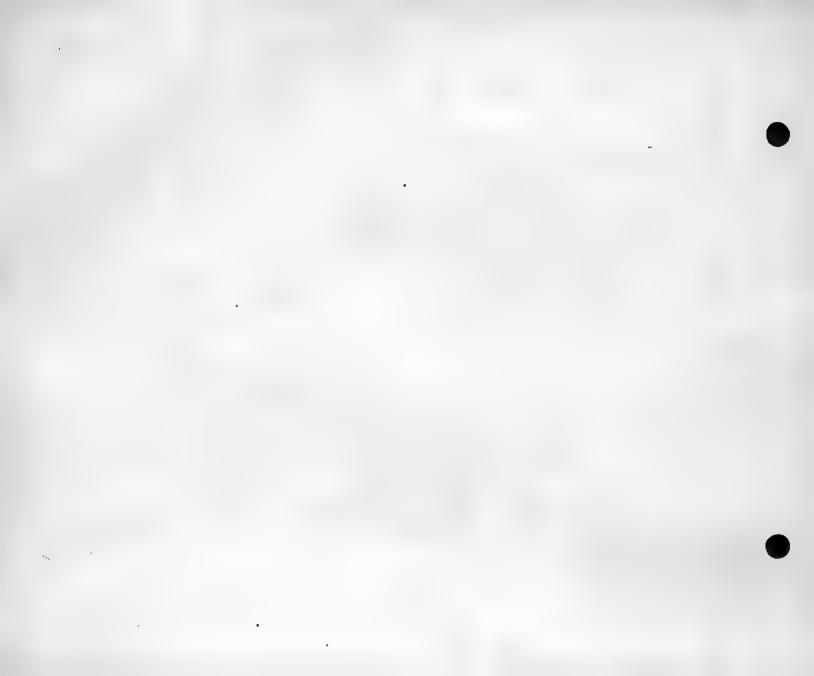


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16655 CERTIFICATE OF DEATH 16648 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where desposed lived, if institut an Residence before admission) O. COUNTY BOLL TO WARE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) Baltimore. Raltmore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Catonsville 61008 Hoter YES 🗍 NO 🔀 3 NAME OF Middle DATE DECEASED OF DEATH Hemial (Type or print) S. SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) WIDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work done during most of working life, evenylif retired) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or fareign country) INDUSTRY St. Bohns Cath. Church, Balto. Md. 13 FATHERS NAM 14. MOTHER'S MAIDEN NAME detached far use as the burial-Iransit permit. Then pl e Dept. of Health priar ta burial, crematian, ar remaval, Mammie Stumpf Peter J. Rothenberger 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) t-mands ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. signed by the burial-transit p Dulmonani IMMEDIATE CAUSE (a) DUE TO Canditians if any, which dove rise to immediate cause (a). DUE TO stating the underlying couse Mount WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of shory in Part 1 or Part I) of item 18.) 2Dg ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF NIJRY (Home, farm, 20f. (City ar town) (State) 20c TIME OF NJURY Month, Doy Year (County) foctory, street, affice bldg , etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased fram 5 we 25, 1935, to 12/3/, 1962, that (I) (we) last saw the deceased alive on 12/3/ 1962, and that death accurred at 1:08 PM, fram causes and an the date stated above . 1962, that (1) (we) last 22b. DATE SIGNED 220 SIGNATURE M.D DIRECTOR 22d ADDRESS Spring Grove State Hospital 22c PHYSICIAN S Ann Louise Silver, M.D. NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a B JR AL CREMATION (County) (Stote) REMOVAL Specify) Brooklyn, Md. 1/3/68 Holy Cross Cemetery 2Sb REGISTRAR S SIGNATURE 2Sa REC'D BY REGISTRAR Funeral Home, TANDESS Brehms Lane

* v (

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16656 CERTIFICATE OF DEATH PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs after death. fulleral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE COUNTY Climone MARYLAND 9 b CITY OR TOWN (If outside corporate limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) Ballimone CLIONSVILLEd NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? 514 old Onchand Aven Nurs. Home. 315 inclusi de Aud YES NO F pou DATE OF DEATH NAME OF Middle Last Month Doy Year DECEASED THE KOWAN event, 1967 Type or pont? G SFY 9 AGE (In years 6 COLOR OR RACE DATE OF BRTH IF UNDER 7 MARRIED NEVER MARRIED remove last, birthday) Doys Hours white. W DOWED DIVORCED ond 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY home COUNTRY? Housewi issour 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, offending phys Veillie 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Mahala A. Rowan 514 Old Orchard NO burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Conditions, if any, which gove rse to immediate couse (a), DUE TO stating the underlying couse as the prior tal this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) Jetached far use USe NO 200 ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF NJURY (Home, form, 20d INJURY OCCURRED (City or fown) (Stote) 20c TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING at work TO FUNERAL DIRECTOR: After ot work pe 21 I certify that (I) (this hospital) attended the deceased from be retained director, page 3 shauld shauld shauld be filed with the 19 7. 2, and that death occurred at 72 M, from causes and an the date stated above. saw the deceased alive on, 220. SIGNATURE-226 DATE SIGNED. MED M.D. DIRECTOR PHYS 22c -PHYSICIANS 22d ADDRESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURJAL, CREMATION (Stote) Burial Lorraine Park Cemt. Baltimore. Marulano 250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Edm. VR A15 (4) DEC

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1665 CERTIFICATE OF DEATH 13550 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND requires that the death certificate be executed within 24 hours after the b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) BALTIMORE PIKESVILLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e IS RESIDENCE ON A FARM? Ξ d. STREET ADDRESS filled MILFORD MANOR NURSING HOME 3008 FALLSTAFF MANOR YES [NO D DATE Month Lost Year event, wil DECEASED **ISRAEL** RUCK DECEMBER (Type or pnnt) AGE (n years 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER I 7. MARRIED T **NEVER MARRIED** birthdov) Months WHITE WIDOWED DIVORCED JUNE 10. 1892 IDa. USUA, OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) POI AND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service MRS. ROSE RUCK. 3008 FALLSTAFF MANOR CT. 216-28-7002 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? hos FICATION NO K certificate ATTENDING PHYSICIAN: 2Do ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of mount in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) DIRECTOR: After this Haur a m While Not While factory, street, affice bldg., etc.) at work ot work 1966, takke 24, 1967, that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram 1967, and that death accurred at 1/A-M, from causes and an the date stated above saw the deceased alive an Occ 220 SIGNATURE **ATTENDING** MED DIRECTOR MD PHYS 22c. PHYSICIAN'S O HOSPITAL HC16HTJ TO FUNERAL NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) CHIZUK AMUNO BALTIMORE, MARYLAND 12-26-67 255 REGISTRAR S SIGNATURE ADDRESS 25o, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR LEVINSON & BROS., 6010 REISTERSTOWN ROAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16658 CERTIFICATE OF DEATH 13651 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) o. COUNT b. COUNTY MARYLAND C. SENGTH OF STAY IN 16 TOWN (If outside corporate limits. carparate limits, write RURAL and give negrest town) give negreet town HOSPITAL OR INSTITUTION (If not to haspital and street of thess) d. STREET ADDRESS 3 NAME OF DATE DECEASED ARNET OF. Dec. DEATH requires that the death certificate be executed AGE (n years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Days Hours JULY WIDOWED DIVORCED 1884 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work COUNTRY? 13 FATHER'S NAME REBECCA **HYMAN** IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dates of service) iB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: CARDIAC FAILURG IMMEDIATE CAUSE (o) DUE TO (b) ARTERIOSCLEROTIC CARDIOURSLULPR DISCASE YEARS Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? AZOTEMIA YES [NO this certificate 20b ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) Hour o.m. foctory, street, office hidg., etc.) at work NOV 1967 ta 21. I certify that (1) (this haspital) attended the deceased from 19.67, and that death occurred at/20 AM, from causes and on the date stated above 30 PO C sow the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS DIRECTOR 22d. ADDRESS 22c. PHYSIGAN'S FUNERAL 2217 BALTO NAME (Type) /XStote 2So. REC'D BY REGISTRAR





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	be executed within 24 hours after death. "pending" in pencil in Item 18. Give Poges of Medical Exam ner's Office along with fair nest permit. File pages 1 and 2 with the St <u>ate.</u>	72 hours ofter death	_	FATHER S NAME	A		TOTTOI		14 MOTHER'S MAI					
	be executed within "pending" in pencil of Medical Exam ne	DULS				1.								
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	D DEPUTY MEATON DECESSORY, please ether funeral director may be retained brunes of FUNERAL DIRECT	Health	22.	NAME (Type)	Charles N. 23b DATE TH			CEMETERY OR		Street, city, tox	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	to an Incom	1	7
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1			RECORDS, 301 W. PRESTO			
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death estained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletaty filted in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Panal shauld be detached far use as the burial, crematian, ar remaval, and in any event within 12 hours after death ith the State Dept. at Health priar to burial, cremation, ar remaval, and in any event.		PLACE OF DEATH COUNTY FRACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived, if institution. b COUNTY	Residence before admission) BALTO
hours after in by the firs. Pages 2 hours after		o CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside STEV	e corporate limits, write RURAL	۲ ,
in 24 h		NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	LEY ROAS	e IS RESIDENCE ON A FARM? YES NO
		Type or prairi	Middle ST. PE		DATE Month OF DEATH	Doy Year 19 6 7
and cample remave ca	S	F WIDOWED	DIVORCED	TULY 12,186:	last birthdoy)	FUNDER 1 YEAR IF UNDER 24 ARS. Nonths Doys Hours Min.
lease re and in	dur	ng most of working life, even it retired)	CIND OF BUSINESS OR NOUSTRY	1) BIRTHPLACE (County & St	640	12. CITIZEN OF WHAT COUNTRY?
Then plantal, maval,	L	FATHERS NAME PETER MCG		14. MOTHER'S MAIDEN NAM ELIZA	BETH QU	INN
attending physician permit. Then please ian, ar remaval, and i	IS (Ye	s, no, or unknown) (If yes give wor or dotes of service)	- Se	Ste Berner	Marie - U	Maduli
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e detached ate Dept. a	MEDICAL	Hour o.m. Whil p.m. 19 ot wa	Not While factor	£ OF IN.URY (Home, form iry, street, office bldg , etc.)	2Df (City or town)	(County) (State)
OR: After this auld be detac h the State Dep		21. I certify that (I) (this haspital) attersaw the deceased alive an	ded the deceased fram	death accurred at 12	3, to <i>B & 15</i> 30 M, fram causes and	
To FUNERAL DIRECTOR: director, page 3 should should be filed with the		220. SIGNATURE DAVIDER DE LA CONTROL DE LA C	MD.	ATTENDING A MET PHYS. DIR	ECTOR PHYS.	226. DATE SIGNED
Cage 4 may be rector, page 3 Shauld be filed v	Da.	NAME (Type)	***	8106 K	tupro or	٢
Page direct		BURIA, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	23c NAME OF CEMETERY OR C	REMATORY Cond.	23d (CATION (City or Town)	(County) (Stote)
VR A15 (4) 25M 1/67	Z4	Toley. Cerany to	For allowed	Cheff DATE C	2°6 1967 1968	RAPS CENATURING
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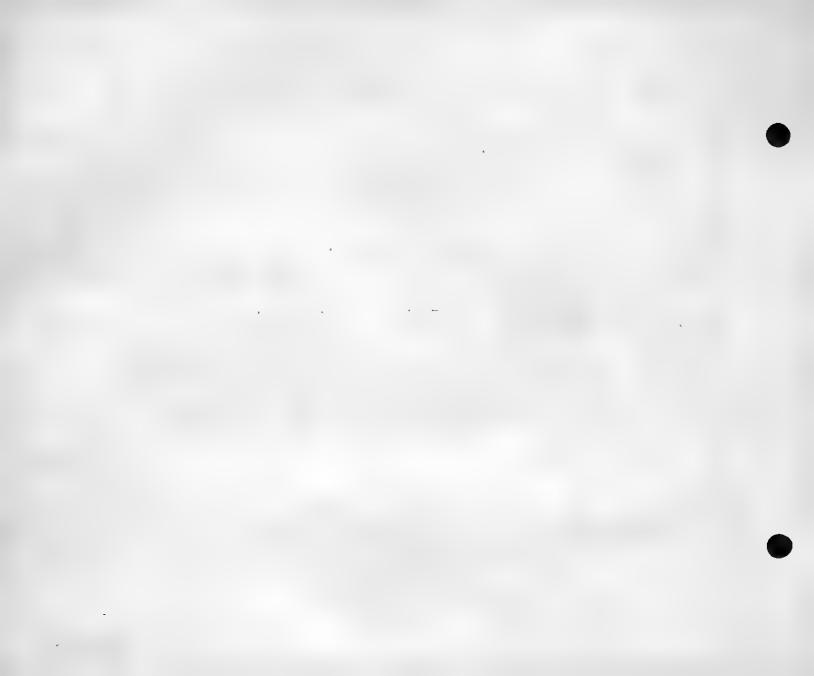


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16661 CERTIFICATE OF DEATH 13654 aw requires that the death certificate be executed within 24 hours after death deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before arim ssign) o. COUNTY **B** COUNTY MAryland BAltimore MARYLAND Baltimore b CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) Ruxton' Ruxton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 6509 Darnell Rd. 6509 Darnell Rd. YES NO 12 with NAME OF 4 DATE remove carbon Day Year DECEASED OF DEATH James Mumford Sawhill 19 57 December and in any event. (Type or print) NEVER MARRIED X IF JNDER 1 YEAR IF JNDER 24 HRS S SEX 6. COLOR OR RACE 9 AGF (In years 7 MARRIED R DATE OF RIRTH last birthdoy) Hours MAle White WIDOWED DIVORCED April 7.1905 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refried)

Vice President

13. FATHER'S NAME attending physician operate INDUSTRY Ohio llov Cladding Co. 14 MOTHER'S MAIDEN NAME removal James E. Sawhill Elizabeth Moore IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give wor ar dates of service) ь 284-07-4452 Mrs. Mary G. Sawhill Same cremation. HB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAM:** The aw re Page 4 may be retained by the haspital ar attending be detached for use as the State Dept. of Health prior to lost. WAS AUTOPS! this certificate has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO. 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (Cry or town) (State) Hour am foctory, street, office bldg, etc.) Not While of work at work 21. I certify that (1) (this hospital) attended the deceased from 1-6 19 # 7 talecember 229 () that (1) (we) last 3 shauld with the S and that death accurred at M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on. 22o, SIGNATURE 226 DATE SIGNED DIRECTOR director, page should be filed 22c PHYSICIAN S 22d ADDRESS NAME (Type) Dr. C. Holmes Boyd 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Druid Ridge Pikesville. Md 12-26-67 REC D BY REG STRAR 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16663 13856 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a COUNTY Baltimore Maryland Baltimore-21234 MARYLAND The law requires that the death certificate be executed within 24 hours after the attending physician and campletely filled in by the f sit permit. Then please remave carban papers—Pages CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest tawn) haurs Towson 4 pappers d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) YES NO X 1918 Wildwood Avenue St. Joseph Hospital 3. NAME OF Middle Month Day DECEASED DEATH December 19 67 (Type or print) ALBERT SCHATBLE AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED lost birthdoy) Doys Hours Male White November 27.1881 ar removal, and in any WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done IDS KIND OF BUSINESS OR 1) RIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT U.S. A. during most of warking life, even if retired)
Bookkeeper Brooklyn, New York 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Henry Schaible Dora 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknawn) (If yes give war ar dates of service) 218-12-0800 Mrs. Florence Schaible Above Νo 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Heart failure IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by signed by DUE TO Anemia Conditions, if any, which gove (b) nse ta immediate cause (a), DUE TO stoling the underlying cause 3 should be detached far use as the with the State Dept. af Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 3 NO 2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20t TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) at work 21. I certify that (4) (this haspital) attended the deceased framNovember 24, 1967, to December 2, 1967, that (4) (we) last saw the deceased alive an December 2, 1967, and that death accurred at 9:10aM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. December 2,1967 M.D DIRECTOR director, page 3 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) Cilliani, 7620 York Road, Towson, Md. 21204 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION, REMOVAL (Specify)
Burial Balto Md 12-5-67 Parkwood ADDRESS Parkville 25b REGISTRAR'S SIGNATURE DEC 5 1967 24. FUNERAL DIRECTOR DEC 5 H.W. Jenkins & Sons Co. 4905 York Rd.

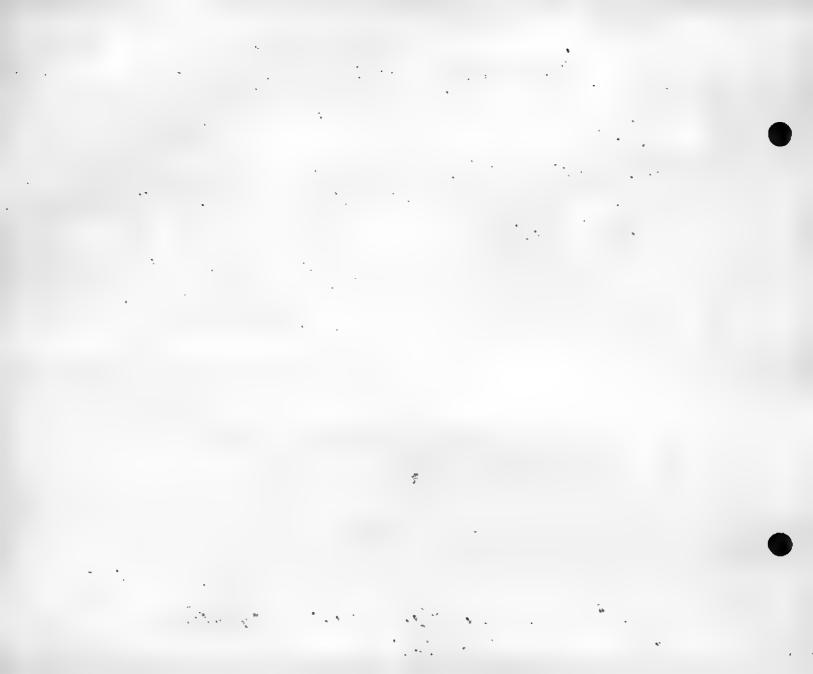


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16664 CERTIFICATE OF DEATH 16657 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased inted, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town 15 la - growith Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARMS NO 3 NAME OF First remave carban DECEASED OF Schaum harles be detached far use as the bürial-transit permit. Then please remave cact State Dept. af Health priar ta burial, crematian, or remaval, and in any event, (Type or print) the attending physician and campl sit permit. Then please remave c S SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT CONFECTION during most of working life, even if retired) COUNTRY? New York 13. FATHER'S NAME Catherine 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove (b) DROUMBER! rise to immediate couse (a), DUE TO stoting the underlying couse rate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO F 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cert 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from Dec. 16, 1967, to Dec. 31, 1967, that (I) (Re) last saw the deceased alive an Dec. 30, 1967, and that death accurred at 4 3 M, from causes and an the date stated above director, page 3 shauld shauld be filed with the O FUNERAL DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** MED. DIRECTOR M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Ann Louise Silver, M.D. Spring Grove State Hospital NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)

24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 JAN DATE



		MARYLAND STATE DEPARTMENT OF HEALTH				
	16665 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
•		CERTIFICATE OF DEATH	5.9			
5 25		DECEASED NAME Asst 2a DATE OF DEATH	2b. HOUR			
death and and and death		(Type or print) (Month Doy Year	7 3 45AM			
fund fer of	3. 5	SEX S. DATE S. DATE OF BURTH 6. AGE (In years IF UNDER YEAR	IF UNDER 24 HRS.			
the funeral gas-l and affer deat		+ W Cepr. 6, 87 lost biomay YRS MORTHS DAYS				
in by 21 hours		BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAP-COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED 9. COUNTY OF GEATH WIDOWED) DIVORCED	Md			
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be execut and cam e remave lin any ev	14	FATHER'S NAME FIRST UNIVERSELLE LOST 15. MOTHER'S MAIDEN NAME FIRST P MIDDLE MIDDLE PROPERTY PARTIES P	Lost			
nding physician. The activity of the deoth certificate be executed within 24 haurs after death nding physician and campletely filled in by the funeral state burial-transit permit. Then please remave carban papers. P ges—L and 2 is the burial, crematian, or remaval, and in any event, with 72 hour cater death.		Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address Security NO 17 INFORMANT Address Security NO 17 INFORMANT Address Security NO 18 INFORMANT ADD				
cert G pt Thermay		18. CAUSE OF DEATH (Enter only one cause per line far.(o), (b), and (c).)	DXIMATE INTERVA.			
he deoth cei tattending p permit. The		PART I DEATH WAS CAUSED BY:	GNSET AND DEATH			
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the d	П	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF testases to rech + chest 2	HORAL.			
t t		rise to Immediate cause (a). (b)	Jes Co			
s the cian that	П	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
physician physician signed by the burial-transit burial, cremati	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
o bar si	ш	TANK S. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
The law reattending has been see as the the priar to b	8	IA. DATE OF OPPAYOU. IA. CAUNTONION OF PROPERTY OF A STREET, AND A STREE	CERTIFICATION			
	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?	CERTIFYING			
F p T S T *	RIF	YES NO DE CHOSES OF SCHILL				
AN: al al iicate far Hea						
三 等指	MEDICAL	(If either, natity medical examiner) P.M. 19				
OR ATTENDING PHYSICIAN: The be retained by the haspital ar attended by the haspital are attended for use a ge 3 should be detached far use a led with the State Dept. af Health pr	æ	21d INJURY OCCURRED While Not while of work of	Stote			
TENDING ined by the OR: After ould be d	П	220. I certify that (I) (this haspital) attended the deceased from Decaster, 1931, to pre 22 1967, the	ot (I) (we) last			
A P A P P P P P P P P P P P P P P P P P	П	saw the deceased glive on 1964 - 1967, and that in (my) fourt again and accurred on the date and hou	r and from the			
ATTEI etaine CTOR: shoul		couses stated above. (I) (we) (did) (did not) view the body ofter death.				
AL OR ATTENDING y be retained by th age 3 should be de filled with the State		22b. SIGNATURE ATTENDING STAFF 22c. DATE SIGNED				
OR DIRE	ı	DEGREE PHYS. DIRECTOR PHYS L				
Page 4 may be director, page affector, page affecto		22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 6217 Horford Rd Balton	ne had			
NE PAR	e7	BURIAL, CREMATION, 236 DATE / 230 ANAME OF CEMISTERY OR CREMATORY 230 COCATION ACITY (County)	/State)			
TO HOSPITAL Page 4 may O FUNERAL Control page 4 may	L	BURIAL (REMATION) 236 DATE 236 (AMARE OF CEMETERY OR CREMATORY) 230 (OCATION (City or Lown) (County)	(Stote)			
VR A15 (4)	24,	SUBSPAY PRECTOR 250 RECID-BY REGISTRAR'S SIGNATURE	udel.			
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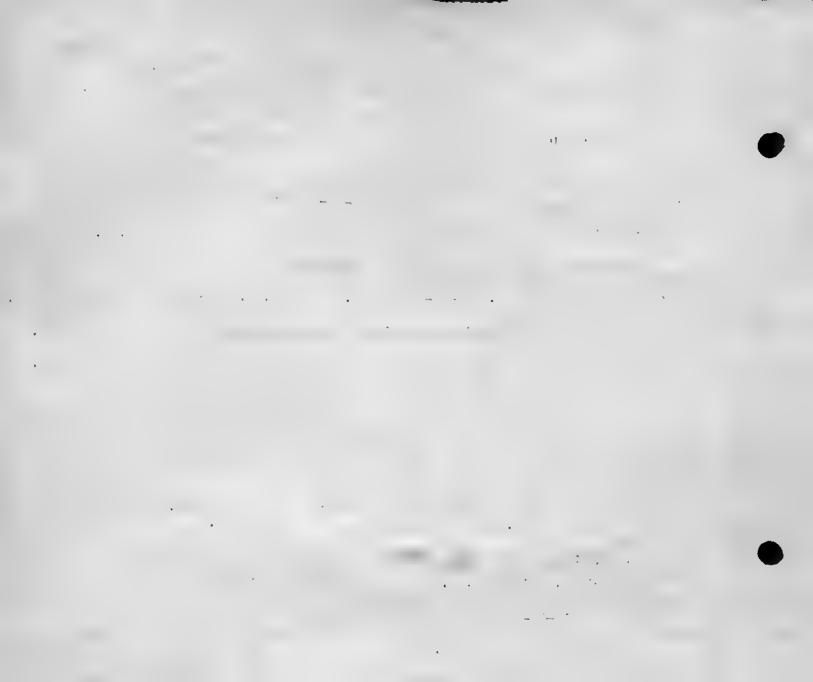
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13659 law requires that the death certificate be executed within 24 hours after death by the funeral Pages Fond i Pour PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE **b.** COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howard c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore ician and campletely filled in by lease remove carban papers. P and in any event, within 72 hou 122 days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC filled ON A FARMS Veterans Administration Hospital 1316 E Fort Avenue YES NO X 3 NAME OF First 4. DATE Year **DECEASED** JOHN SCHNUIT Type or print) DEATH December S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR JF JNDER 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours 3/6/09 Male White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Stevedore signed by the attending physician obvial-transit permit. Then please burial, crematian, ar removal, and i INDUSTRY COUNTRY? U.S.A Shipping Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martin Schnuit Hemina Picker IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI (Yes, na, ar unknawn) (If yes give war ar dates of service) Yes 217 05 69 86 Clinical Reds. VA Hospital, Fort WW=1.1Howard Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH THROMBOSIS. RIGHT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove CEREBRAL ARTERIOSCLEROSTS rise to immediate cause (a), DUE TO far use as the b Health priar tab stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? AMYOTROPHIC LATERAL SCIEROSIS NO by the haspital ar fq 20g ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of enjury in Part or Part II of Item 18) detached for Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, office bldg, etc.) Not While at work at work 21. I certify that (M (this hospital) attended the deceased from 19 67. to Dec. 14, 19 67 that (1)x (we) last the 6.5 M, from causes and an the date stated above. Aug. be retained Dec. 14 19 67, and that death occurred at_ saw the deceased alive an____ a.m. 22a, SIGNATURE 22b DATE S GNED 12/14/67 page 3 e filed v M.D. DIRECTOR PHYS. 22d. ADDRESS REPYSICIAN S J. D. TALBERT, M.D. NAME (Type) VA Hospital, Fort Howard, director, 23g BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Woodlawn Cemeterv Baltimore REGISTRAR & SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Baltimore, Md. DATE Charles L. Stevens, Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16667 18860 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) o. COUNTY 1/ OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If ourside corporate limits, c LENGTH OF STAY IN 16 TOWN (floutside corporate limits, write RURAL and give nearest town) afe nearest town NSTITUT ON (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM: NO K 3. NAME OF 4. DATE DECEASED event, (Type or print) 6 COLOR OR RACE 7 MARRIED Months MIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR LACE (County & State or foreign country) 12 CITIZEN OF WHAT 14 MOTHER'S MAIDEN NAMI ar removal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY TO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of sparce 703 Weslan 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY acute Cerronal Vasaula IMMEDIATE CAUSE (o) DUE TO signed | Conditions, if any, which gove rise to immediate couse (o), **OUF TO** stating the underlying couse as the priar to Page 4 may be retained by the hospital or attending this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? 3 shauld be detached for use with the State Dept. of Health YES 🗀 NO. 20o ACC DENT WAS UNDERLYING [206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Oov, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or fown) (State) (County) foctory, street, office bldg , etc.) Not While of work of work **DIRECTOR:** After 1965, to DEE, 10, 1967, that (1) (we) las saw the deceased alive an Roc . 9 19 67, and that death accurred at 5 H. M, fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNEO STAFF PHYS. Dennekt M.D DIRECTOR 22c. PHYSICIAN'S FUNERAL NAME (Type) COHEN 230 BUR AL CREMAT ON 23ba OATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY (County) (Stote) Levinson & Bros. 6010 Reisterstown Rd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY Baltimore Malyland Bankinore MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hale thorpe Hale thorpe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5700 Secoand Avenue 5700 Second Avenue YES NO NAME OF 4 DATE Middla Month DECEASED 19 67 JOHN GEO RGE SCHROEDER December (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday | Months Hours 12-14+6里 1879 WIDOWED | DIVORCED | TOS. USUAL OCCUPATION (GIVE kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE , County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if raticad)
Post Office Retired Maryland U. S. of America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luise Volland Moxxkoom George Schroeder NO EX REPOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 INFORMANT Yes Spanish & Amer. 220-44-5482 Mrs. Marion D. B. Schroeder - 5700 Second Ave. 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic myocarditis with decompensation IMMEDIATE CAUSE (a) DUE TO Hypertension Conditions, if any, which ? geve rise to immediata cause (a), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO TO 204, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or fown) (County) (Stata) factory, street, office bldg , etc.) Hour a.m. al work at work 21. I certify that (I) (this hospital) attended the deceased from 1955. . . , 19 , to .. Dec. 13, 19 67 that (I) (we) last saw the deceased alive on ... Doc. 11. 19. 67., and that death occurred 12:30. Archiene causes and on the date stated above 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAMeric V. Beitler M. D. 1014 Francis Avenue rector, a 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OBSTANTENATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) S g g National Cemetery Baltimore Maryland Burial DEC 19 1967 Marie ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S 15M 7-62



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	201
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	
= -~= /			662
funeral	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residen 5. COUNTY 1	ce before admission)
= 5-3X	1	0. STATE 3. MARYLAND 0. STATE 3. COUNTY 3. 21 to	
the f		b. CITY OR TOWN (If autside carparate limits, c LINGTH, OF STAY IN 15 (CITY OR TOWN (If autside carparate limits, write RURAL and give	nearest town)
yd Col		write RURAL and give neorest town) 13 9 100 RURAL and give neorest town)	
In by the funeral Pages Trand 27 hours affected at		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 2002	e 15 RESIDENCE ON A FARM?
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death estained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Tand shauld be detached far use as the burial, cremation, ar remaval, and in any event, withmin 2 hours after death the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, withmin 2 hours after death and in the State Dept.	5	hargri-La Nursing Home 1329 Dillon Hate Ave	YES NO DE
with self	3.	NAME OF Lost 4 DATE Middle Lost OF	Day Year
oe executed with and campletely remave carbon in any event		(Type or print) OCATH DEATH	1961
mpl witer	S.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER Months)	Days Hours Min.
xec ngv		WIDOWED DIVORCED 12/31/07 1/4/65415	00/3 110013 1/1 17.
and rem	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State or foreign country) 12 (1)	TIZEN OF WHAT
e b an ase	dur	ing most of working life, even if retired) INDUSTRY Md.	UNTRY?
icat isici ple I, a	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
phy en ava		Leo V. Schroeder Imk	
e Han	15		
re death certificate b attending physician permit. Then please ion, ar remaval, and i	(Ye	es, na, or unknown) [If yes give war or dates at service) whe Wising Home Chart	
he at per		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN
equires that the physician. signed by the o burial-transit p burial, crematic		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) V DM; ting & Aspiration	ONSET AND DEATH
thror cre		304 V DUE TO 1	
res /sici		Conditions, if any, which gove) (b) Choreo atherosis	5445
bry Sign		rise to immediate cause (a), (DUE TO	
v re ing ten to		stating the underlying couse (c)	
: The law ri ir attending e has been use as the		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The aff	CATION	Market of the Committee	PERFORMED?
are are	3	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of item IB.)	TIS LI TO IX
Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carl Shauld be detached far use as the burial-transit permit. Then please remaye carl state Dept. of Health priar to burial, cremation, ar remayal, and in any event,	CERTIF	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYS has perfect			unty) (State)
G PHYSIC the haspit this certification	MEDICAL	Haur o.m While Not While factory, street, affice bldg , etc)	
Start Free Start	ı	21. I certify that (i) (this haspital) attended the deceased from 4/3, 1961, ta /2/7, 196	
END ed		saw the deceased alive an 12/1/1/1967, and that death accurred at 200 PM, fram causes and an ti	he date stated abave.
Fig 5 st		220 SIGNATURE	ATE SIGNED
REC 3 s S		M.D ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 12	17/67
E G G G G G G G G G G G G G G G G G G G		22c PHYSICIAN'S 22d ADDRESS ,	
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 Schauld be filed w		NAME (Type) 4VFW Lane Ellicotte.	'ty, md.
HOSPI Page 4 m FUNER director,	230		(County) (State)
P P P P P P P P P P P P P P P P P P P		BUY Salv 12/11,67 Woodlawn Baltmore	Maryland
(A)V	24	J.T. Stansbury 6411 Windsor Mill Rd. 250 REC'D BY REGISTRAR 256 REGISTRAR'S S	
VR A15 (4) 20 M 1/66		J.T. Stansbury 6411 Windsor Mill Rd. DEC 11 1967 giles	rilly Joseph .



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16663 hoors after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 21236 o. STATE a. COUNTY Baltimore COUNTY Md. 21236 MARY!AND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carporate limits, write RURAL and give necrest town) CLENGTH OF STAY IN 15 Overlea Overlea d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? poper requires that the death certificate be executed within 24 206 Sipple Ave. physicion and completely filled Sipple Ave. = NO TS YES 🗀 3. NAME OF Middle 4 DATE please remove carbon First East Manth Year DECEASED OF GERTRUDE LAKE SCHULZE December 3 67 DEATH 19 (Type or print) IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last_birthdoy) Months June 4,1895 WIDOWED DIVORCED female white 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
FIOUSEWITE INDUSTRY COUNTRY? Cambridge, Md. home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Hooper Smith unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dotes of service) 0 William E. Schulze, son, above 2-46-9649 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c). signed by the buriol-transit o ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ DUE TO burio Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying cause by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? for use YES T NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20 accident was underlying ☐ or contributing ☐ cause of death detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Ħ (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Hour a.m. factory, street, affice blda., etc.) at work at work 1966. 10 Leve 2). I certify that (I) (this hospital) attended the deceased from the 1967, that (I) (we) last Page 4 may be retained 19 62, and that death occurred at 2 7 M, from causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S George Miller Dr. 6411 Belair Road NAMF (Type) director, should be 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL, CREMATION, REMOVAL (Specify) 12/7/67 Glen Haven Mem. Glen Burnie. 25b. REGISTRÁR'S SIGNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR chimunek Funeral Home, Inc. 1967 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16664 es and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the funeral I. PLACE OF DEATH] lol Maiden Choice Lane 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Magothy Beach a. COUNTY COUNTY Anne Arundel Baltimore county. MARYLAND b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ATDUSTUS c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Pasadena, maryland popers three d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) physician and completely filled in en please remove corbon papers Box #277 Stanley Ankudas, MD. (Office YES NO Z NAME OF Midd e Last 4 DATE Manth Day Year DECEASED 12 1967 Edgar Sears (Type or print) Mr. Leo DEATH IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years **NEVER MARRIED** b rthday) Manths Hours 22 Sept. 1920 WIDOWED White DIVORCED male 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT 10a. USUA, OCCJPATION (Give kind of work dane during most of working life, even if retired)
Interior Decorator Krowmbein.Co.Inc. COUNTRY? Lansdown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D. Sears Mary V. Jabkson Jessie signed by the ottending burial-tronsit permit. burial, cremotion, or re-IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 218909-6350 Alberta Sears - Wofe VES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH MRSSIUE myocanol IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20s ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While of work should be 12.8, 1902, to 21 I certify that (I) (this haspital) attended the deceased from_ , 19___, that (I) (we) last 1967, and that death occurred at 3.72 M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE 50 12/9/67 Stanley Ankudas DIRECTOR r, page 3 be filed v 22d. ADDRESS 22c. PHYSICIAN'S 1101 Maiden Choice Lane #21229 NAME (Type) Stanley Ankudas, director, bluods 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION, 236. DATE THEREOF (County) BU MENDYAL (Specify) Baltimore, Maryland 120ec.1967 Baltimore Nat'l. Cem. 75b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Bingleton Funeral Home/Glen Burnie.Md. DATE DEC 20 M 1/66

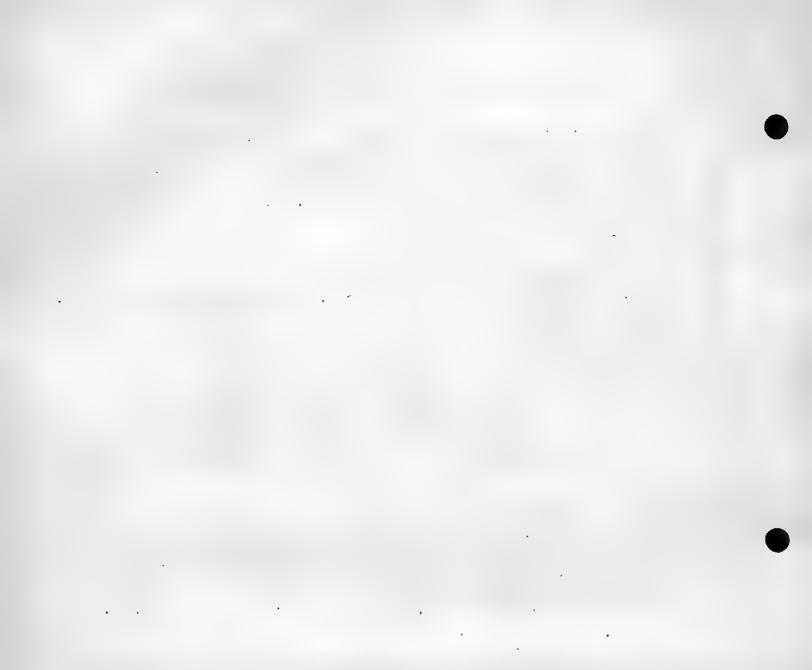
MARYLAND STATE DEPARTMENT OF HEALTH



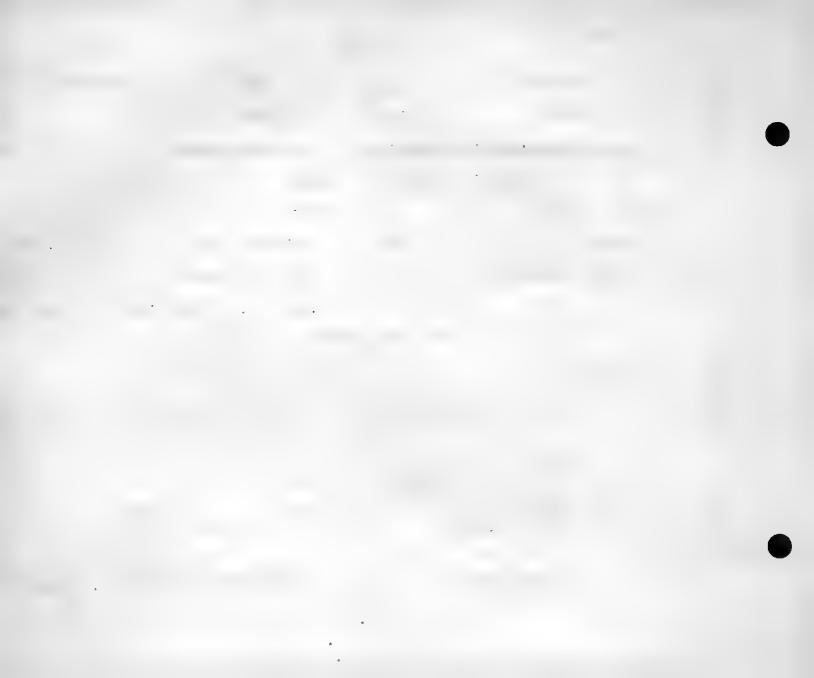
	TOUTSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
ĺ	PLACE DE DEATH
	a. COUNTY Baltimore a. STATE Md. B. COUNTY Baltimore
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Towson 20 yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
M.	ission Helpers Of The Sacred Heart Convent 1001 West Joppa Road YES No
	NAME OF First Middle Last I 4. DATE Month Day Year
	(Type or print) Sister M. Immaculata (Katherine Shea) Death Dec. 31 1967
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR) Hours Married Married
	remate Cau. WIDOWED DIVORCED [March 5. 1877 90 VIS.]
d	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	Nun Convent Fishersgraig, Ireland U.S.A.
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
_	Martin Shea Catherine Byrne
ď	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (see, no, or unknown) (If yes give war or dates of service)
_	no none Convent Records, 1001 W. Joppa Rd. Towson
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEAT
	IMMEDIATE CAUSE (a)
	Conditions, If any, which \ ON POPPER AND A TONIS CONTROL WILL
	gave rise to Immediate
	cause (a), stating the underlying cause last.
JON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOP
ICA1	PERFORMED YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	Hour a.m. p.m. While Not While factory, street, office bidg., etc.) at work at work at work
2	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on
	22a. SIGNATURE 22b. DATE SIGNED
	Charles To Frank M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/2/1968
	22c. PHYSICIAN'S NAME (Type) Charles F. O'Donnell, M.D. 7501 York Road
22	Dot for wood
25	REMOVAL (Specify)
2	4 OF UNERAL DIRECTOR ADDRESS 1 25a. REC'D BY RECISTRAR; 25b. REGISTRAR'S SIGNATURE
4	Bi Kernan gramm on 4611 Park Heights Ave. Balto. Jake 3 1968 Mclionlas Judge.



2	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												
*	= total		CERTIFICATE OF DEATH					å							
	after death. The funeral ges 1 and 2	ン	1.	a. COUNTY Ba	H altimore			MARVIA		2. USUAL RESIDENCE a. STATEMARY	land	ceased lived, If In b. COU		ence before admission	n)
	Pages	<u> </u>		b. CITY DR TOW	N (if outside corpo and give nearest t	rate limits, lown)	C. 1	MARYLAI LENGTH OF STAY IN		c. CITY OR TOWN (If		rporate limits, w	rite RURAL and	give nearest town	n)
	24 hours after filled-the-bapers. Pages 1 hours after in 79 hours after 1 hours after	\mathcal{I}		d. NAME OF HO	SPITAL OR INSTITUT Manor Nur	TION (if not I	। In hospita िग्र ं	al, give street addr	ess)	d. STREET ADDRESS		Street		e. IS RESIDENC ON A FARM?	E
		7.5	3.	NAME OF DECEASED	.I	First uliana	1	Middle		Last Shuck	4. DATE OF DEAT	Mont		YES ND Day Year 1967	7
	executed within and completely remove carbon any event, with			SEX	6. COLOR OR RAC	E 7. MARRI	IED 🗍	NEVER MARRIED		B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YO	EAR IF UNDER 24 HR	S.
			-	Female . USUAL OCCUPAT	White FION (Give kind of wo ling life, even if ret. Le		VED Y b. KIND (DIVORCED [DF BUSINESS OR TRY]	Sept. 22, 1	ounty & State	yrs.		EN OF WHAT	
	ate b			Housewill FATHER'S NAM						Mær	yland EN NAME				_
	rtific fren fren mov			John	Moriss	еу				Amanda	Clas	ck			
	endi t. J	-	15	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCI	AL SECURITY NO.	17.	INFORMANT		Addre	388		
	eath att			None	(If yes give war or date	ts of set rivey			Mr	s. Sarah Ma	tessa	56 Mapl	ledale /		_
	the part of the pa								NTERVAL BETWEEN						
	he faw or atte ate has use as	en e	CATION	PART II. DTHER	SIGNIFICANT CONDI	(c)_ TIONS CONTR	RIBUTING	TO DEATH BUT NOT	RELA	TED TO THE TERMINAL	DISEASECO	ADITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	7
	PHYSICIAN: 1 the hospital this certific detached for	ארי חו וופ	CERTIFICATION	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING (CAUSE OF D ITIFY MEDICAL EXA	EATH MINER)	b. DESC	RIBE HOW INJURY	OCCU	RRED. (Enter nature o			of Item 18.)		
	NG PHY by the fter this be deta	state De	MEDICAL	Hour a.				Y OCCURRED 20e Not While at work	. PLA facto	CE OF INJURY (Home, fi ry, street, office bldg., e	tc.)	(City or town)	(County		_
•	HOSPITAL OR ATTENDING age 4 may be retained by FUNERAL DIRECTOR: After freetor, page 3 should be treetor, page 3 should be	De liled with tile			AN'S AN'S	pspital) atte	2-	ne deceased from 1907, and	that	ATTENDING		rom the causes	and on the	that (I) (we) la date stated above SIGNED	
	TO HOSP Page 4 TO FUNE		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BREMOVAL (Specify) 12/21/67 St. Patricks Cemetery Cumberland, Md.												
	VR AI5 (4)	Wm L Tichner Sono Parties not 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Judge.													
	501A 1\02.													_	

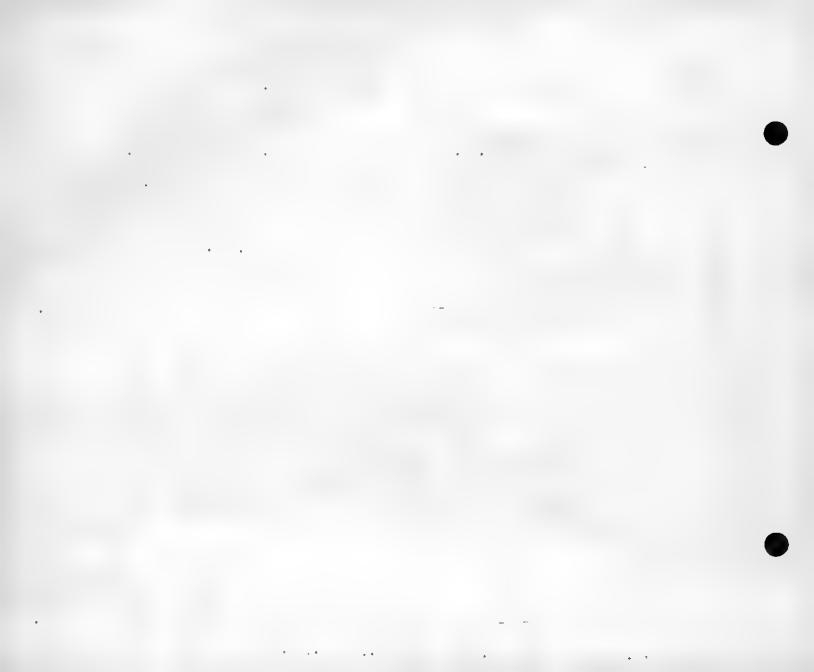


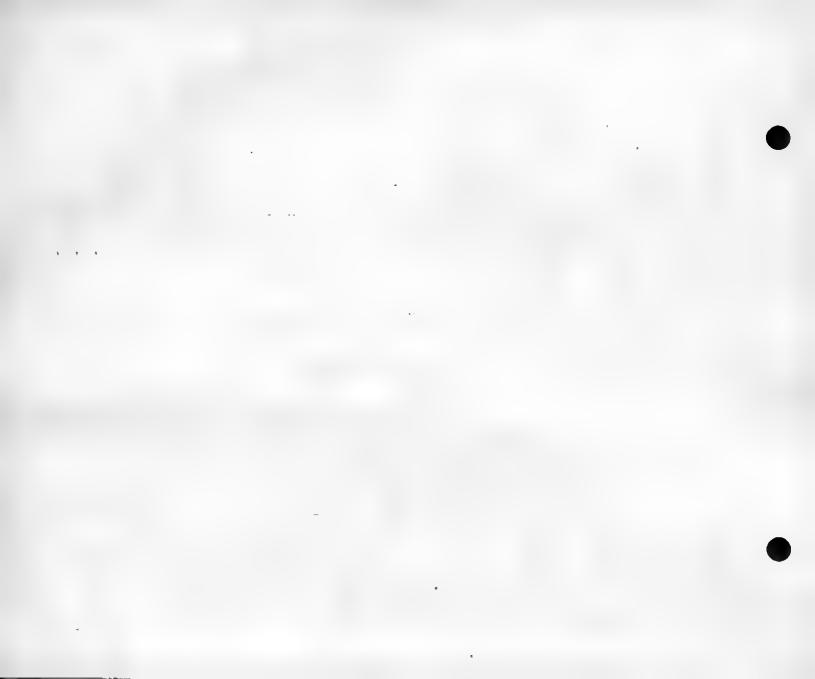
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16674 CERTIFICATE OF DEATH 10668 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b.** COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RJRAL and give necrest fawn)
FORT HOWARD c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours 60 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? VETERANS ADMINISTRATION HOSPITAL 10 CLOVER AVENUE NO T NAME OF Midde First 4 DATE Last Month Year DECEASED **AUGUST** LOUIS SIMON DECEMBER (Type or print) 16 19 67 DEATH 6 COLOR OR RACE 9. AGE (In years F UNDER 1 YEAR 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Manths Haurs MALE WHITE 3/4/10 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) ig physician (Then please INDUSTRY STEEL LABORER BALTIMORE, MD U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removal, JOHN LOUIS SIMON MARY ANN KOESTER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates af service) 313 07 5673 CLIN, RECORDS, VA HOSPITAL, FT HOWARD signed by the c burial-tronsit pa buriol, crematio 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MONTHS CANCER OF PANCREAS IMMEDIATE CAUSE (a) OUF TO Conditions, if only, which gave 1 (b) rise to immediate couse (o), DUE TO for use as the L Health prior to b stating the underlying couse has been (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPS PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20t TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (Caunty) (State) Haur a.m. factory, street, affice bldg, etc.) ATTENDING at wark at wark 21. I certify that (this hospital) attended the deceased fram 10/16/67 19 to 12/16/6719___, that X (we) last Poge 4 may be retained saw the deceased alive an 12/16/67 and that death accurred of 4: 20M, from causes and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF M.D DIRECTOR 12 16 67 director, page should be filed ADDRESS 22c. PHYSICIAN S NAME (Type) GEORGE DUDAS, MD VA HOSPITAL, FORT HOWARD, MARYLAND 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Zion Luth. Church Cemetery Baltimore, Maryland 12- 20-1967 24. FUNERAL DIRECTOR 2Sq REC D BY REGISTRAR 25b REGISTRAR S S GNATURE 7401 Belair Rd VR A15 (4) 25M 1/67 DATE DEC Baltimore Md. 212 Lassahn Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16675 CERTIFICATE OF DEATH 16669 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore LOWSON d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled Chesaneake Manor N. H. 116 W. University Pkwy NO X NAME OF Middle 4. DATE Year completely DECEASED (Type or print) Sinclair DEATH Dec remave car and in ony event IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years 7, MARRIED NEVER MARRIED last birthday) Hours 1-8-1874 WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** None Baltimore Md.

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, Arthur Sinclair Drusilla Willitt 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service Talbot Sinclair Hyattsville. Md. No INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the ONSET AND DEATH burial-transit ARTERIASCHEROTIC HEART DISEASE IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) nse to immediate couse (a), DUE TO stoling the underlying couse has been detached far use as the te Dept, af Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO K certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache shauld be filed with the State Dept. 20e. PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (C 'y ar town) (County) MED factory, street, office bida, etc.) Haur am al work 1964 , to DEC 21. I certify that (1) (this hospital) attended the deceased from Circle R 19*6*7, that (I) (we) last 1967, and that death accurred at 334 M, fram causes and an the date stated above. saw the deceased alive an DEC 15 TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 16,1967 M.D Scott NAME (Type) JOHN GOO W. BELVEDERE AVE, BALTIMORE. 71210 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) BURIAL, CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify) Md. Baltimore 12-18-67 Burial 24. FUNERAL DIRECTOR Greenmount ADDRESS 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 .W. Jenkins & Sons Co. 4905 York Rd., Balto., Md. DATEC



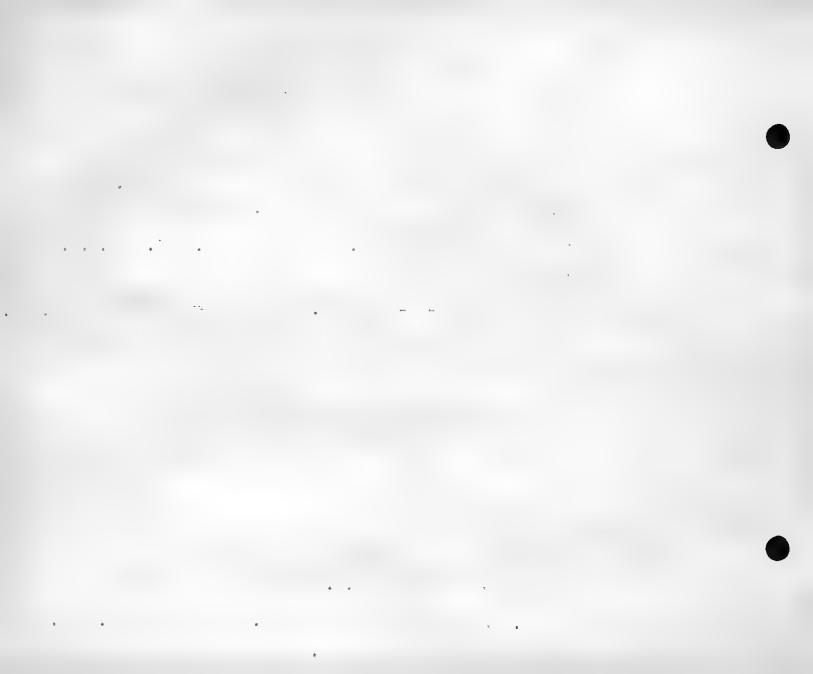


. 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	CERTIFICATE OF DEATH
after a few and	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission)
uns c	Battmore MARYLAND B. STATE Maryland. b. COUNTY Bothmore
by the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ei de g	d. NAME OF HOSPITAL OR INSTITUTION LIFT not in hospital, give street, address), a d. STREET ADDRESS (e. IS RESIDENCE
	Battimone Co. General Hespital - 3416 Chroman Rol. VES [NO DE
2 = 2 2 5 2 5 2 5 2 5	3. NAME OF DECEASED First M.ddle Lest DATE Month Day Year
omp omp	(Type or print) Daviol Smith DEATH DEC. 12, 1967 5. SEX [6. COLOR OR RACE 7 MARBIED NEVER MARBIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ind of with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGF (In years If UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday Months Days Hours Min.
ian a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it refired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stele, or toreign country) 12. CITIZEN OF WHAT COUNTRY?
ertifi Tysic Femo	FARMER FARMING HRKANSAS U.S.A.
ph of	13 FATHER'S NAME
ending in plea	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT
e ath The Joval	(Yes, no, or unknown) (Myos give war or dates of service) 431-68-8661 Mrs Frene Holcomb - Righdalls town, M
by the	18. CAUSE OF DEATH [Enter only one couse pay line for (a), (b), and (f).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
hysich ned l ii pe	IMMEDIATE CAUSE (a) 1033. Julius
ng p ng p n sig trans matic	Conditions, If eny, which (b) Out operature (Bly line Surling)
he la fendition for the la fen	geve rise to immediate cause (a), stating the underlying DUE TO while purposation of colors
N: Or at or at he bi	ZEUSS 1891. COLUMN 10 THE SIGNIFICANT COND TIONS CONTRIBUT NG TO DEATH BUT NOT RELADED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
CIAN ficate ficate to b	PERFORMED? YES NO []
YSI hosp certi r use prior	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part I or Part II of Item 18.)
this part of the sit o	(IF EITHER, NOTIFY MEDICAL EXAMINER)
Affer He He	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour a.m., While Not While st work stewark stewark stewark set work stewark set work set
END stains OR: 7 e del	p.m. 19 at work of work 19 at wor
Para Para Para Para Para Para Para Para	saw the deceased alive on
Shoul	229. SIGNATURE 22b. DATE STAFF SIGNED.
A See See See See See See See See See Se	22c. PHYSICIAN S 22d ADDRESS 22d ADDRESS
HOSPIT Page FUNER, Page Filled wif	AMEGOBERTO D. FLORES 3502 W. Roger Que.
HO.	238. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toly) or county) (State)
ნ_ ਊ წ. ஓ ᢐ	BURIA 12-16-67 BENTONI//E CONLETTY DENTONI//E APPRIL DIRECTOR'S SIGNATURE APPRIL DIRECTOR'S SIGNATURE APPRIL DIRECTOR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16678 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Baltimore **b.** COUNTY 1anole MARYLAND b CITY OR TOWN (if outside carporate limits, with RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Manchestor 1 mo, 20 days +continuet d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 107 N. Main Mount Wilson State Hospital NO T 3. NAME OF DECEASED (Type or print) First Middle 4. DATE EMORY SMITH HOLLICE DEATH 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH NEVER MARRIED last birthday) Months WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician (ien please Dept. Store Hormpstead, Md. u.s.A. ctore clerk 13. FATHER'S NAME ar remaval, lota 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service 220-07-9742Records, Mount Wilson State Hosp. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove this certificate has been signed use as the burialnse ta immediate cause (a), DUE TO stating the underlying cause be retained by the haspital ar attending 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) Hour a.m. factory, street, affice bldg, etc) Nat While at wark L. at work deceased from 10/25/, 1967, to 12/14/, 1962 that (1) (we) last 1962, and that death accurred at 1155 p. M, from causes and an the date stated above. 21 | certify that (1) (this hospital) attended the deceased from.... saw the deceased alive an P2/14 22a SIGNAJURE 22b DATE SIGNED MED DIRECTOR 22d. ADDRESS Wm MAMNewcomer, M.D., Superintendent Mount Wilson, Maryland 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Dec. 17. 1967 Manchester Cemetery Manchester Md.
REGISTRAR 256. REGISTRAR 0 250. RECO BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Tipton - Eline Funeral Home Hampstead, Md.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16630 CERTIFICATE OF DEATH 16674 The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE Marisland a COUNTY b COUNTY / MARYLAND b CITY OR TOWN (If actside corporate amits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If Sutside corporate limits, write RURAL and give nearest town) Baltimore 21214 Catonsville d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? popori Z 3108 Northern-Parkway NO F NAME OF Middle 4. DATE Month Year DECEASED 2 1967 (Type or print) DEATH S SEX IF UNDER 1 YEAR AGE (In years NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 1Do USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician o en please COUNTRY? during most all working life, even if retired) INDUSTRY Housework Home Vippinia

14 MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME burial, cremation, or removal, ottending phys WAS DECEASED EVER IN U.S. ARMED FORCES? Address 222 Meckey 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, na. ar unknown) (It was give wor ar dates of service) No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 1 DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause Page 4 may be retained by the hospital or attending ‡ 8 19 WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(0) State Dept. of Heaith YES NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 11 af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INIJRY (Hame, form (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) O FUNERAL DIRECTOR: After this Haur a.m. factory, street, office bldg., etc.) Not While ATTENDING at work at wark 21. I certify that (I) (this haspital) attended the deceased fram_ 196 /, that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 3145M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE MED DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ES 1801 FREDRICK ROAD 230. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b DATE THEREOF (County) (State) Gardens of Faith Baltimore Co., Md. 250. REC D BY REGISTRAR

ADDRESS

Bruzdzinski

Eastern Ave. 21

VR A15 (4) 25M 1/67

2Sb REGISTRAR S SIGNATURE



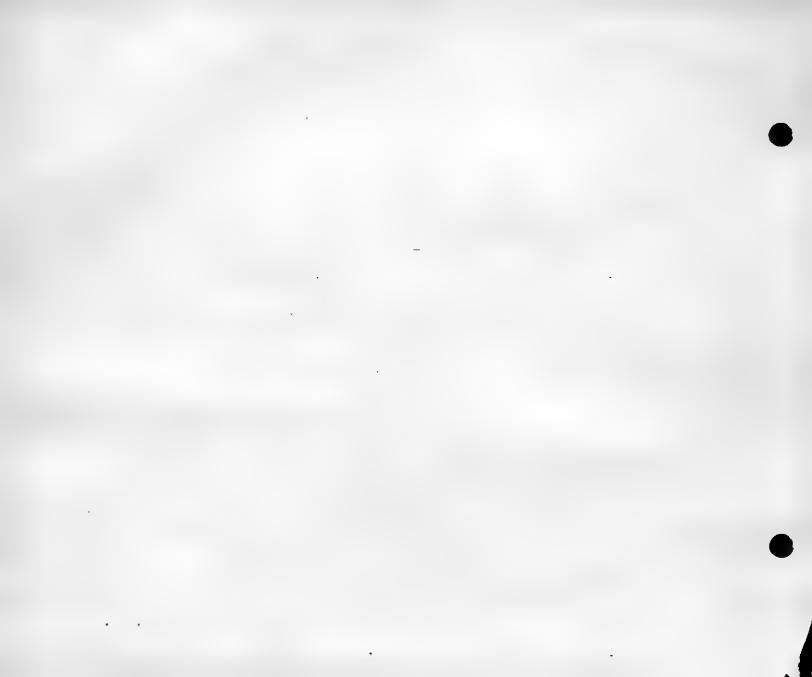
1	MARYLAND STATE DEP DIVISION OF VITAL RECORDS, 301 W. PRESTO	
FOR STATE	16624	CERTIFICATE OF DEATH 10675
HEALTH DEPT.	DI PLACE OF DEATH G COUNTY Baltonne MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) of STATE Manyland b COUNTY Balto,
7 and 7 of the following of the following th	b. CITY OR TOWN (1 outside corporate limits, c LENGTH OF STAY IN 1b with a RIPAL and give wedrest town)	c CITY OR TOWN (If ourside corporate imits, write RURAL and give nearest town) Catonarute. Md. 2/228
form te Dog	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3913 Lewood Aue.	d street address 5913 Leewood Ave. 9 IS RESIDENCE ON A FARM? YES \(\sum \) NO THE
INER: This certificate should be executed within 24 hours after death 1ft of certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages I and 2 with the State Dation, or removal, and in any event within 72 hours ofter death.	3 NAME OF PACEASED (Type or print) Marshall (NMN)	Sm: 44 DATE Manth Day Year DEATH DEC. 3 1967
urs offer c n 18. Give ce olong v d2 with th	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 8 /17 / 65 9 AGE (In years last birthday) 4 yrs Months Days Hours Min.
hin 24 hours ncd in Item 11 niner's Office pages Iond 2 v	10a JSUAL OCCUPAT ON (Give kind of work dane during most of welking life even if retired) 10b KIND OF BUSINESS OR INDUSTRY 10c JAN	11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT COUNTRY?
executed within 24 hours or inding" in pencil in Item 18 Medical Examiner's Office of permit. File pages Lond 2 within 72 hours offer death.	13 FAFTOR'S NAME 13 FAFTOR'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	Magnolia Thomas INFORMANT Address
xecuted nding" is Medical permit. w.thin 72	(Yes, no, or unknawn) (If yes give war at dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c))	INTERVAL PELWEEN
should be e ne word "pen o the Chief A buriol-transit I	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio - Lasc 143 X DUE TO	rulas Disease Conset indicati
certificate should writing the ward rwarded to the C ssed as a buriol-tr val, ond in any ex	Conditions, if any, which gave tise to immediate cause (a), stating the underlying cause DUE TO	
certificat , writing orworded used as a oval, ond	lost (c) PART I. OTHER SIGN.E.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A TOPSY PERFORMED?
This certicate, write be forward be used removal,	PRIMARY OF CONTRIBUTING CAUSE DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part I of Item 18.)
EXAMINER: 1 ute the certificage 4 should by your files. Page 3 should cremotion, or re-	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm 20f (City ar town) (County) (State)
	Haur a.m. p.m. 19 While Nat While of wark at	eld an Autapsy [], inspection [], inquiry [], and in my opinion
- X 4 5 0	deoth resulted from: Notural couses X, Accident , Sui	c de
→ "; ; ; = ;	SIGNATURE Comes M. The derich	M_D ASSISTANT MEDICAL EXAMINER ☐ 1311 Francis Ave
ro DEPUTY / necessory, plane funeral of S may be re for FUNERAL Is Health prior	DEMONIAL IS A STATE OF THE STAT	Address (Street, city, town, or county) 30/4, md 2/227 CREMADRY 23d LOCAT ON (City or Town) (County) (State) LY CENETERY (O-FONSUITE: Batt. Md.
VR A15ME (5	BURNERAL DIRECTOR Dec. 6 1967 West Sto	er Cemetery Catonsuite, Datt. Md.



3	1	-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	- 2 - '*		1.1	682		CERTIFICATE	OF DEATH		15676		
	funeral and 2		o. COUNTY	Baltimore		MARYLAND	2 USUAL RESIDENCE 0. STATE Mary		tion: Residence before admission)		
	by the Pages		b. CITY OR TO write RURA	VN (If outside corporate limit and give negrest town)	š.	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF C	outside corporate limits, write RU	IRAL and give nearest town)		
	in 24 hours filled n-by popers. P		d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospitol, give street oddress) 7916 Oak Dale Avenue				d. STREET AOORESS 7916 Oakdale Ave. 8. IS RES DENCE ON FARM? YES NO				
	d within letely fill carban p nt, withi		3. NAME OF DECEASED (Type or print	MARS	rst		SMI TH	4. DATE Mor OF DECEMBE	er 5, 1967.		
	e execute and camili remove c		Female	6 COLOR OR RACE White	7 MARRIED WIDOWED	DIVORCED _	12-2-90	9 AGE (In years lost builday) yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
	ate be		Housew	ATION (Give kind of work done king life, even if retired)		NDUSTRY	Balto., N	ly & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	e death certificate attemating physiciam primit Then please an, or remaval, and		13. FATHER'S NA	Buettner			14. MOTHER'S MAIDEN	name ene Fink			
	iff ce ding Th remo	F	AC MARK DEFE ACT	DISTRIBUTE ADMED CONCESS	16		NFORMANT	Addr			
	dea itte= ermit n, or			wn) (If yes give wor or dotes of			deline Andr	ew, 7916 Oakda			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be tiled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72-wounglifer death.		PART I 422 Conditions, i rise to imm stoting the	F DEATH (Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE Only, which gove diate couse (o), Inderlying couse	(o) CC 10 10 (b) CC 10 10	ubral Vasi	tue C-V	Ascidnos Disease	INTERVAL BETWEEN ONSET AND DEATH 5 yracs		
	law tendin s bec as th priar		PART II OTH	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
	F. Those te ha	+		Diabetes Wellites YES NO [2]							
	rsician aspital certifica hed far		OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCCURRED					
	NG PH' y the h ter this e detac		Hoi Hoi	INJURY Month, Doy, Year r o.m. 19	While at wo	Not While for	CE OF INJURY (Home, for ory, street, office bldg., et	c.)	(County) (Stote)		
	ENDI led by Jid by the St	1	21. I sow th	ertify that (I) (this has	pital) atter	nded the deceased from_ 24 1967, and tha	t deoth occurred o	1960, to Due	ond on the date stoted above.		
	OR ATTI		22o. SIGNA		awy	re M	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 67		
	Page 4 may bill roger to FUNERAL DIRE director, page 3 should be filed w	1	22c. PHYSIC NAME	Type) SEORG		AWYER	22d, ADDRESS 480	8 HARFOR			
	Page / O FUN direct		230 BURIAL, CRE REMOVAL IS BULL 18 1	AATION, 23b DATE TH 12-9-67		Holy Redeeme		Balto., N	Md.		
	VR A15 (4)		24 FUNERAL DI Laonar		c. Bal	ADDRESS.to. Md. 21214		EC 6 1967	Clioneles Judge		

CLAVIA STANCE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16683 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH g. COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admiss an) b COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 36 c CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) pers. Por 72-Hours Baltimore 21221 Towson d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 935 Woodlyn Rd. ST. JOSEPH HOSPITAL YES NO TO 3 NAME OF Middle Lost 4. DATE Month First aftending physician and cumprerery bermit. Then please remave carban DECEASED SMITH Tonia Rene December 19 67 burial, crematian, or remaval, and in any event, (Type or print) DEATH 5 SEX B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED x NEVER MARRIED last birthdoy) Days 21 Hours November 14,1967 Female White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10e USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most af work no life, even if retired) INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Arlene Shanaberger Arthur Lee Smith IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, ar unknawn) (If yes give war or dates of service) Arthur L. Smith Same NO NONE IB CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. NIERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Hemoperitoneum IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave laceration of spleen. rise to immediate cause (a), DUE TO stoting the underlying couse as the has been prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CATION PERFORMED? far use YES X NO Page 4 may be retained by the haspital or IO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201 (City or town) (County) (Stote) Hour am. foctory, street, office blda., etc.) Nat While at work at wark 21. I certify that ID (this haspital) attended the deceased from 11/14/ , 19 67 to 12/5/ , 19.67, that (M (we) lost 19 67, and that death occurred at 1:30 M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE ATTENDING J. mosait 12/5/67 director, page 3 shauld be filed w M.D DIRECTOR PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 Lawrence F. Misanik, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 12/7/67 Gardens of Faith Cemetery Baltimore, Md. 25b REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1967 mastern Ave. Druzdzinski 1407 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16684 CERTIFICATE OF DEATH 24 haurs after death eath funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Baltimore Maryland b. COUNTY MARYLAND b C.TY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn)

Towson c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Baltimore 21207 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2219GOA THREE b e. IS RESIDENCE ON A FARM? ST. JOSEPH HOSPITAL 5200 Gwynndale Ave. YES law requires that the deoth certificate be executed within NO NAME OF carbon Middle 4. DATE Month completely Dov Year DECEASED (Type or print) Florence L. SNYDER signed by the allewing plysician and complete buriol-transit permit. Then please remove carl buriol, crematian, or removol, and in ony event, DEATH December 22. 19 67 SFX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last buthday) Manths Days Hauss August 3,1897 White Female WIDOWED 😿 DIVORCED 10a USUAL OCCJPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryl and Homemaker USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George S Clara A. Lamney 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 21218 (Yes, no, or unknown) (If yes give wor ar dotes of service) 212-05-9359 Mr. Arthur P. Munderloh, 1526 Fernley Rd. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Broncho-pneumonia IMMEDIATE CAUSE (a) the hospital or ottending physicion. DUE TO Conditions, if ony, which gove 3 Hepatic metastasis from carcinoma of colon (b) rise ta immediate cause (a). DUF TO stating the underlying cause as the prior to t **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? of Health Coronary artery disease NO DE 20o ACCIDENT WAS JNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I as Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, (City or town) (County) (State) Haur 'a m factory, street, affice blog, etc.) Not While at wark at work 21. I certify that A) (this haspital) attended the deceased fram 12/20/ 19 67 to 12/22/ . 19 67 that (I) (we) last be retained 12/22/ 19.67, and that death accurred at 7. A. M, from causes and on the date stated above. saw the deceased alive an ... 22a SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR 12/22/67 M D director, page should be filed 22c PHYSICIAN'S 22d ADDRESS Keith A. Manley, M.D. NAME (Type) 7503 Club Rd., Baltimore, Md. 21204 23a. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Meadowride Memorial Pk. Baltimore Md. Burial 12/26/67 24 FUNERAL DIRECTOR ADDRESS 25g REC D BY REGISTRAR 25b REGISTRAR & S GNATURE # ... Howard H. Hubbard, * 4107 Wilkens Ave. 21229 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH 16685 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16674 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 r CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) ONSVILLE popers. hun 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? .≘ filled YES NO FEE in any event, within Home NAME OF Middle First Lost 4 DATE Month carbon Year DECEASED (Type or print) OF DEATH bolka 12 19 67 a QLM) 9 AGE (In years FUNDER 1 YEAR S SEX 6 COLOR OR RACE IF JNDER 24 HRS 7 MARRIED NEVER MARRIED геттоуе (rthdoy) Hours WHITE WIDOWED D-VORCED. Male 10o USUAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR an country) 12 CITIZEN OF WHAT physician o sen pleose NDUSTRY **COUNTRY?** USA 10 NC 13 FATHER'S NAMI 14. MOTHER'S MAIDEN NAME or removal, ing phy Then 17 INFORMAN SOC AL SECUR TY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit buriol, cremate ONSET AND DEATH IMMEDIATE CAUSE (6) ottending physician 4-17-1 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 13 50011 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN A PART 1(0) PERFORMED? NO 200 ACC DENT WAS UNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of interv in Port I or Port II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 3 20d NURY OCCURRED 20e PLACE OF INJURY (Home, form (Caty or fown) (Stote) 20c TIME OF INJURY Month, Doy, Year ((ounty) Q3W Hour om factory, street, office bldg , etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from be reforned 210 M, from causes one on the date stated above sow the deceased alive an and that death accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF MD PHYS. PHYS TO HOSPITAL Page 4 may t 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 8114 4/4 BURIAL, CREMATION 23d LOCATION (County) (State) (City or Town) M. Bulto. 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR REGISTRAR SISIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16686 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH **6 COUNTY** MARYLAND b CITY OR TOWN (If outside corporate limits, wite R.IRA) and give nearest town) CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) BALTIMORE requires that the death certificate be executed within 24 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ST. JOSEPH HOSPITAL 4910 ROSS RD. #21214 YES NO NO 3 NAME OF First Middle Lost 4 DATE Month Day DECEASED OF DEATHDECEMBER AGNES M. SOLOMON buriol-tronsit permit. Then please remove cure buriol, cremotion, or removal, and in any event, (Type or print) S SEX IF JNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS Months Doys WHITE WIDOWED DIVORCED FEMALE SEPTEMBER 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) BALTIMORE, MARYLAND 13. FATHER S.NAMI 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown). (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Cerebro vascular accident (thrombosis) IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove cerebro arteriosclerosis rise to immediate cause (a). **D**UE TO stoting the underlying couse certificate has been detoched for use as the te Dept. of Health prior to diabetes mellitus 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO F 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i or Part If of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CALSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) O FUNERAL DIRECTOR: After this foctory, street, office bldg, etc.) Not While ot work 21. I certify that (DK(this haspital) attended the deceased fram DECEMBER 9, 1967, to DECEMBER 1919, 67 that DK (we) last saw the deceased alive on DECEMBER 1919, 67, and that death accurred at 6:00 AK from causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S Lawrence F. Misanik, M.D. 7620 York Rd., Towson, Md., 21204 NAME (Type) director, a 230 BURIAL, CREMATION, AEMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) URNIE MANEN RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURI FANERAL DIRECTOR VR A15 (4) DATE DEC 2 Ochonia Jack



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1668: CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
o. STATE A A PLACE OF DEATH o. COUNTY Bal timore MARYLAND b (ITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 (If ourside corporate limits, write RURAL and give nearest town Mount Wilson The law requires that the death certificate be executed within 24 hom d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE Down ON A FARM? Mount Wilson State Hospital YES NO NAME OF Middle гетоуе сагроп Year DECEASED and in ony event, (Type or print) DEATH 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED UNDER 24 HRS WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done during most of working like, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CIT.ZEN OF WHAT INDUSTRY Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, cremation, or removal, attending phy permit. Then I MOXLEY 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) ifit yes give wor or dotes of service Records. Mt. Wilson State Hospital 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN signed by the burial-tronsit g PART I DEATH WAS CAUSED BY ONSEL AND DEATH user all IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO this certificate has been si detoched for use as the b e Dept, of Health prior to bi stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? melentherium NO After this certificate 200 ACCIDENT WAS JNDERLYINGT 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg . etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased from ro Hospital or Attend Page 4 may be retained director, page 3 should should be filed with the O FUNERAL DIRECTOR: and that death accurred at 2: 40%, from causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) M.D. Superintendent | Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, 236 DATE THEREOF 23d. LOCATION (City or Town) (County) Baltimore, Md. Lorraine Park Cometery 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before demission) o COUNTY L. 2, and 3 ta n PM3 Page b COUNTY t of Baltimore Maryland MARY, AND Baltimore c LENGTH DE STAY IN 16 c (ITY OR TOWN (If outs de carparate in ts write RURAL and give nearest town) b CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 17 yrs. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS to certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, show d be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? 7421 School Avenue 7121 School Avenue NO K 3 NAME OF Midd e 4 DATE First. Month DECEASED George Steele Keister December 19 67 (Type or print) DEATH 9 AGE (In years IF LINDER & YEAR JE VINDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BIRTH last birthdoy) Months White in any event within 72 haurs after death. Male July 5, 190h WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Penna. Paul Jones Co. Guard 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Steele Eleanor Keister 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Dundalk, Md. (Yes, no, or unknown) (If yes give wor or dates of service) 716-07-4962 (Wife) Ethel M. Steele 7121 School Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (d) ((b) and (r) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) This certificate shauld **DUE TO** Conditions, if any, which gave) nse to immediate couse (a). DUE TO stoting the underlying couse 19 WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (Enter-Acture of mury in Port I or Port II of tem 18) 20b DESCRIBE HOW INJUR CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (Stote) 20c T ME OF NJURY Month, Doy Year (County) Not While foctory, street, office bldg., etc.) of work ot work 21. 1 certify that I took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry X, and in my opinion Natural causes X. Accident \ Suic de \ Hamicide | Undetermined manner death resulted frant. _ the funeral directar CH EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MED CAL EXAM NER [6800 Mornington Rd **EXAMINER'S** Melvin B. Davis, M.D. Address (Street cty town or county) Balto. Co. Md. 21222 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) 50 REMOVA. (Specify)
Burial Dec 11, 1967 Oak Lawn Cemetery Baltimore 250 REC D BY REGISTRAR 24 FUNERA, DIRECTOR VR A15ME (John J. Duda, 7922 Wise Ave. Dundalk, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1568. 16689 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 haurs OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Towson Baltimore 21204 d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) born page ST. JOSEPH HOSPITAL 326 Dixie Dr. YES NO F NAME OF Middle 4. DATE Lost Dov Year campletely DECEASED STIELPER Anne R 67 (Type or pnnt) DEATH December 19 remaye car event IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost_bisthdoy) Months Doys Hours August 2, 1908 ar removal, and in any Female White WIDOWED DIVORCED and 100 USUAL OCC. PATION (Give kind of work done during most of working life, even if retired)

Homemaker 11 BIRTHPLACE (County & State, or foreign country) **IOD KIND OF BUSINESS OR** 12. CITIZEN OF WHAT COUNTRY? attending physician operate. Then please INDUSTRY Baltimore, Maryland U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert W Eigner Loretta R North 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or Jinknown) (If yes give wor or dotes of service) Mr Andrew H Stielper None Same burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Massive gastro-intestinal bleeding IMMEDIATE CAUSE for 5 610 DUE TO advanced liver cirrhosis Conditions, if ony, which gove rise to immediate cause (o). DUF TO stating the underlying cause prior to l Page 4 may be retained by the hospital or attending lost. (c) 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health YES X NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CLICALISE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) After nt work of work 11/29/ _____, 19_67, ta__12/27/___, 19_67 that (X (we) last 21. I certify that (III (this haspital) attended the deceased from... director, page 3 shauld shauld be filed with the 19 67, and that death occurred at 9:50M, fram causes and on the date stated above. saw the deceased alive on 12/27/ FUNERAL DIRECTOR: 22o SIGNATURE 22b DATE SIGNED STAFF PHYS ATTENDING 12/27/67 DIRECTOR M.D. PHYS 22d ADDRESS PHYSICIAN'S < TO HOSPITAL Ines Cilliani, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify) Baltimore Md 2120h 12/30/67 Mt Maria 9 2So. REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR Lingson Leonard J Ruck Inc. 5305 Harford Rd



16690

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11103	₹₹	MED	ICAL EXAMINER	S CERTIFICATE O	F DEATH	13	684			
PLACE OF DEATH					Where deceased lived, if in		e befare admission)			
" Baltimo	re		MARYLAND	o. STATE Maryland		COUNTY Baltimo	are			
b CITY OR TOWN (IE	autside carparate (mits,		C LENGTH OF STAY IN 16		c. C. TY OR TOWN (If autside corparate limits, write RURA, and give					
write RURAL and g	ive necrest town)				ockeysville,					
A NAME OF HOSPITAL	OR INSTITUT ON (II not in	n hospital a	uu street address)	d STREET ADDRESWe	ot Pur Da	PIG.	e IS RESIDENCE			
	ph's Hospit				k Saitis		ON A FARM? YES NO			
3 NAME OF DECEASED	First		Middle	Last Tax		Manth	Day Year			
(Type or print)	CHARI	ES	NMI	STILIHA	OF DEATH Dec	cember	25. 19 67			
S SEX		MARRIED	NEVER MARRIED 🔀	B DATE OF BIRTH	9 AGE (In yea					
Male	White	WIDOWED	DIVORCED [March 21, 191	20 ast birthdo		Doys Haurs Min			
10a USUAL OCCUPATION CO			ND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		ZEN OF WHAT			
during mast af warking life Farm			oustry iry Farm	Pittsto	n Pa		NTRY?			
13. FATHER'S NAME	nanu	Da	LLY Parm	14 MOTHER'S MAIDEN		1 0.1	J.A.			
61	1 0 1111				M1					
15. WAS DECEASED EVER I	<u>rles Stilib</u>			Anna Anna	Tomas	Address				
	yes give wor or dotes of si				EXCITED	ROZO				
	W.W.LL			KKKA Morris F	H. Wilkes-	Brare, I				
	TH (Enter only one couse WAS CAUSED BY						NTERVAL BETWEEN ONSET AND DEATH			
PARI I. DCAIN	IMMEDIATE CAUSE (a)	Mu	ltiple Injur	ies			OUST, WAS DEATH			
, ,	DUE TO									
Conditions, if any, w										
rise to immediate of										
last.	(c)									
PART I OTHER SIGN	- 11		O DEATH BUT NOT PE ATED 1	O THE TERMINAL DISEASE CO	ADITION G VEN IN PART 1/2	,	19 WAS AUTOPSY			
20g EXTERNAL CAUS PRIMARY 20 or CONTI	Incast cospisions con	TRIDO THO T	O DEATH DOT NOT RESALED I	O THE TERMINAL DISEASE CO.	TOTION O TEN IN TAKE (C	,	PERFORMED?			
3 - FUZE PART & 1120	Favor						YES NO			
20g EXTERNAL CAUS PRIMARY OF CONTI	RIBUTING	20b DE9	CRIBE HOW INJURY OCCURRI	D (Enter nature of injury in	Part Lor Port Laf tem 18)				
			Pedestrian s	truck by car						
20c TIME OF INJURY	Month, Day, Yeor			PLACE OF .NJURY (Home, larn		n) (Caur	nty) (Stote)			
8:30 pm	12/25 1967	While at wark		foctory, street, office bldg., etc.) street		Ralt	imore, Md.			
	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opini									
	death resulted fram: Natural causes Accident (X), Suicide (), Ham cide (), Undetermined manner									
dedili tesuitet	CHIEF MEDICAL EXAMINER									
ACTUAL	199111	-		4001074417 4450	-		22. DATE SIGNED			
SIGNATURE	1/100 1×	-(V		IN D	CAL EXAMINER X					
EXAMINER'S NAME (Type)	Werner U.		-		al Examiner [_] t, city, tawn, or county)		12/26/67			
23a BUR AL, CREMAT ON,	, 236 DATE THERE	OF .	23c NAME OF CEMETERY	OR CREMATORY	23 WICKES CB	rre. Pa	County) (Stote)			
REMOVAL (Specify) Removal	12/26/67	7	HOLLIS TOIL			,				
24 FUNERAL DIRECTOR			ADDRESS	25e RECI	D BY REGISTRAR 2SE	REGISTRAR S SIC	GNATURE			

Wm. Cook-Brooks, Inc. 1217 St. Paul St. Balto.

VR A15ME (5) 6M 1/67

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16691 CERTIFICATE OF DEATH 15685 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) e. COUNTY b COUNTY Bal timore o STATE Baltimore MARYLAND b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 (CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give pearest tawn) Perry Hall. Md. 21128 Ferry Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Box 208 Cross Road Box 208 Cross Road NO P 3 NAME OF Middle Last 4 DATE Month Year DECEASED 67 C. Stocker (Type or pant) Anna DEATH cremation, ar remaval, and in any event S SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 24 HRS lest buthday) Can 6-2-7-1893 female WIDOWED F DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? U.S.A. attending physician of sermit. Then please INDUSTRY Balto. Maryland nousewife. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown George Hoffmann 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, of unknown) (If yes give war at dates at service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Mrs Pauline Brumgoole Cross Rd. ferry Hall 18. CAUSE OF DEATH (Enter only one cause per line-for (a), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), DHE TO stating the underlying cause 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES [NO. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20g ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year FUNERAL DIRECTOR: After this factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased framework of the deceased alive on 25 19 7, and that death accurred at 250 M, from causes and on the date stated above , 19 ___, that (1) (we) last 22a SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) director, 23a BJRIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Nid . Baltimore Holy Redeemer Cemetery Birla 255 REGISTRAR'S SIGNATURE 2Sa REC D BY REGISTRAR

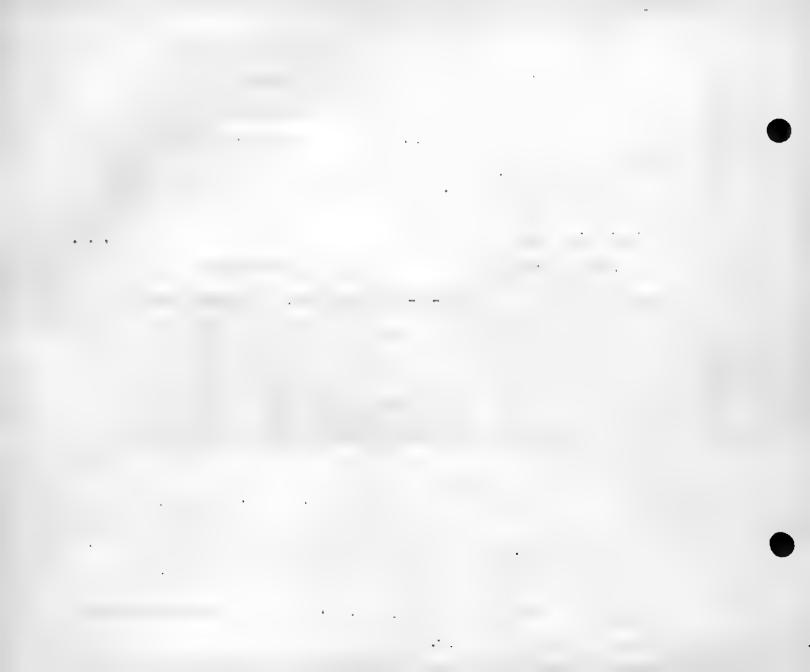


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death the funeral 2 USUAL RESIDENCE (Where deceased leved, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE BALTIMORE MARYLAND CITY OR TOWN I Fourside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) write RURAL and give nearest town) KALTIMORE e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO NAME OF Middle 4 DATE pau Month Doy Year and campletely DECEASED 12 19 67 and in any event, (Type or pnnt) DEATH S SEX IF UNDER COLOR OR RACE D DATE OF BIRTH AGE (In years YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** remaye lost birthdoy) Months Doys Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working ife, even if retired IND., STRY COUNTRY? Rochoster-Den CANUENT .5.0 Teacher-Novice Mothers 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then George WAS DECEASED EVER IN U.S. ARMED FORCES? Address Blendom 1.6 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (if yes give wor or dates of service) No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been ‡ last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health YES | NO [far 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c, TIME OF INJURY Month, Day, Year Hour om factory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram 19 , 19 , to OEC, 2 , 1967, that (I) (we) last saw the deceased alive an Dec, 1967, and that death accurred at 650 M, from causes and on the date stated above. , to DEC , 2 , 1961, that (1) (we) last saw the deceased alive an Dec. 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED DIRECTOR M.D. PHYS director, page Stauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) MECORKE Phoenix 23o BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) EMETER. 4 RÉGISTRAR S SIGNATURE FUNERAL DIRECTOR 25o REC'D BY REGISTRAR



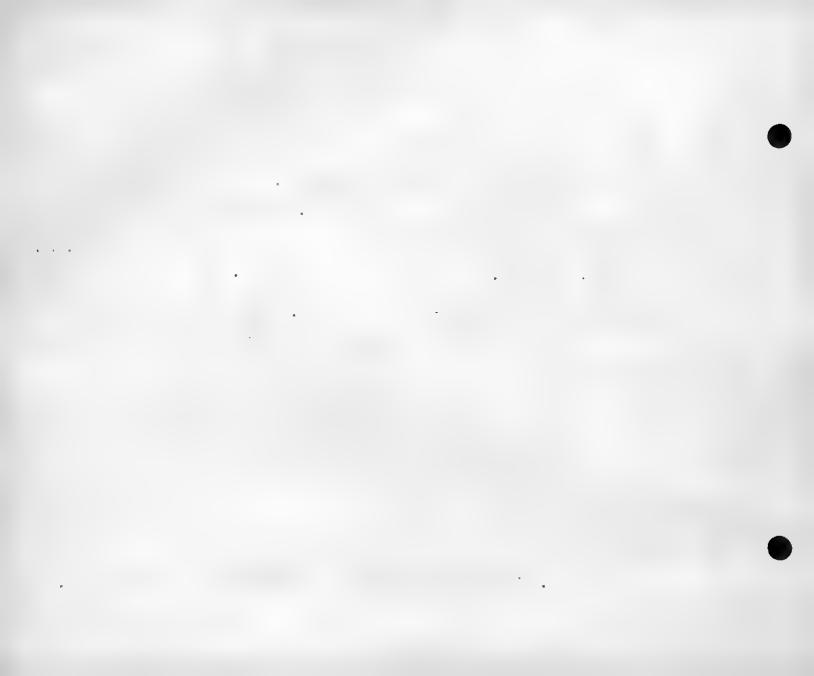
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16693 CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Her Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Towson 49 days Raltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE pape ON A FARM? 24 within Greater Baltimore Medical Center YES NO.X 2805 Louise Ave completely i executed within NAME OF First Middie DATE Month Day DECEASED OF DEATH rand complet remove carb n any event, v (Type or print) 12 28 19 67 Sturgeon Robert Cook 6. COLOR OR RACE | 7. MARRIED [X] NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS last birthday) | Months | Days 4/15/97 WIDOWED Male DIVORGED Cau attending physician a ermit. Then please re on, or removal, and in a .⊑ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 9 during most of working life, even if retired) INDUSTRY COUNTRY? Retired Brick Layer
13. FATHER'S NAME Maryland

14. MOTHER'S MAIDEN NAME U.S.A The law requires that the death certificate Ceorge Sturgeon Emma Douglas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? been signed by the attend the burial transit permit, or to burial, cremation, or m 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Yes 215-03-1080 Mrs Alma L Sturgeon WW Same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. Carcinoma of pancreas with wide spread metastases DUF TO Cenditions, If any, which (b) gave rise to Immediate as the I DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hashed for use a PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING!" DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) O FUNERAL DIRECTOR: After this certi director, page 3 should be detached i should be filed with the State Dept. of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 12/28 1967 that (1) (we) last 1967 21. I certify that (I) (this hospital) attended the deceased from _. fo. 1967 and that death occurred at 5 a.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 12/28/67 M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 6701 N. Charles Street Breitenecker, M.D. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Baltimora N By REGISTRAR 256. Burial 24. FUNERAL DIRECTOR Maryland REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Leonard J Ruck Inc 5305 Harford Rd VR AIS 1/65

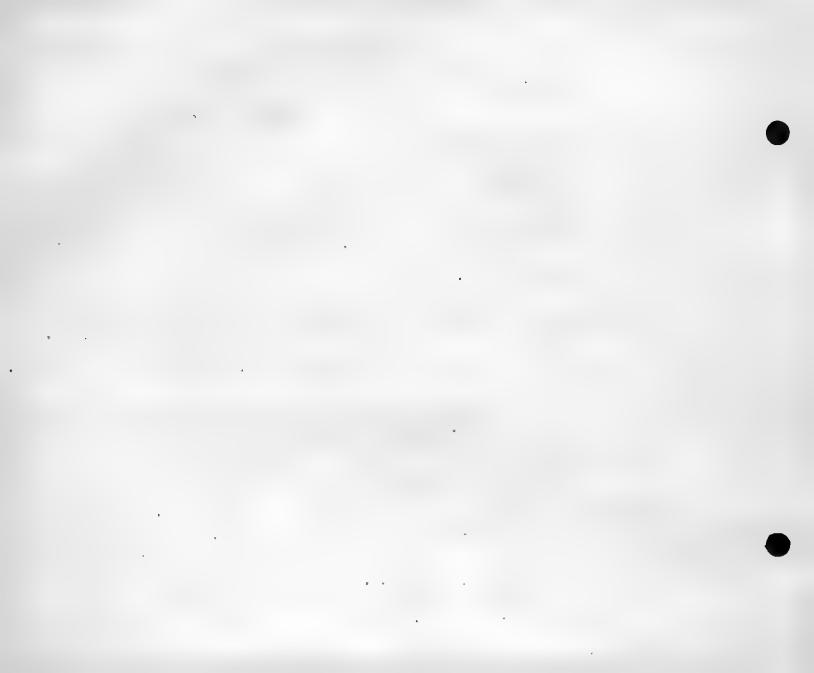


MARYLAND STATE DEPARTMENT OF HEALTH 16694 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16688 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) a. STATE b. COUNTY MARYLAND Maryland Baltimore c. (ITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
Randallstown b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write Right and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 534 B McDonogh Rd e IS RES DENC and in any event, within 72,4 poper ON A FARM? 24 Box 534 B McDonogh Rd Randallstown YES NO X The low requires that the deoth certificate be executed within NAME OF Middle 4 DATE leose remove corban Lost Month Day Year DECEASED Sudman Jr. John D Dec 67 (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ost birthdoy) Months Hours Male White Oct. 13, 1885 WIDOWED DIVORCED pug 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

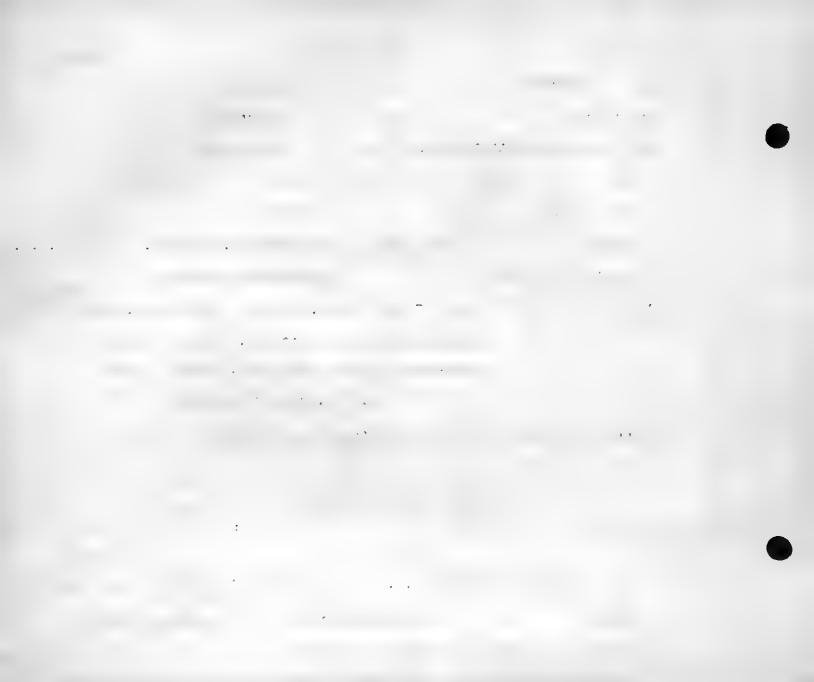
Blacksmith INDUSTRY **COUNTRY?** ottending physicion permit. Then please Randallstown, Balto Co Mc 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotian, or removal, Louise W. Lutz John D. Sudman Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO. Address 219-32-0713 Ella E. Sudman Box 534 B McDonogh Rd no 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (6) by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? 3 should be detached for use with the State Dept. of Health NO certificate 200 ACCIDENT WAS INDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour 'o.m. factory, street, affice blda., etc.) of work of work 21. I certify that (I) (this hospital) attended the deceased from 196 / that (I) (we) lost be retained and that death accurred at saw the deceosed alive an 12 AM, fram causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING M.D DIRECTOR PHYS PHYS page filed 22c. PHYSICIAN'S 22d TO FUNERAL Dr. William Martin Liberty Road Randallstown Md. NAME (Type) director, I NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE JHEREO! LOCATION (City or Igwn) (Stote) (County) REMOVAL (Specify) REGISTRAR'S SIGNATURE 2Sb



MARYLAND STATE DEPARTMENT OF HEALTH 16695 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16689 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) o. COUNTY b COUNTY Baltimore Maryland Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 10 days AKKHKHK Baltimore Highlands d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE \equiv ON A FARM? 2905 Louisianna Avenue STATE HOSPITAL GROVE SPRING YES NO and in ony event, with NAME OF First Middle Las* DATE Day Year DECEASED OF DEATH Ray 67 December Charles Sullivan (Type or print) S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED F. NEVER MARRIED birthday) Feb. 23, 1908 white WIDOWED DIVORCED male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 33 BIRTHPLACE (County & State, or fareian country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland handy man American Ice Co. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Ida Mendell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service Records: SPRING GROVE STATE HOSPITAL 214-01-5080 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART! DEATH WAS CAUSED BY Pin money INTERVAL BETWEEN ONSET-AND DEATH Pulmonary Embolism, suspecte., IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physicion. DUE TO Canditians, if any, which gave Varicose Veins, Moderate, Bilateral years. rise to immediate cause (a), DUE TO stating the underlying cause last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) Alcoholism, Chronic; Deliriu M Tremens, early; ASCVH Diseasers certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) detoched for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (Stote) 20c. TIME OF INJURY Month, Day, Year (City or fawn) (Caunty) factory, street, affice bldg., etc.) al wark at wark 2). I certify that (IF (this haspital) attended the deceased from. O FUNERAL DIRECTOR: saw the deceased alive an____ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. X 12-13-67 director, page 3 should be filed w PHYS DIRECTOR 22c PHYSICIAN'S Young. M.D. NAME (Type) Anthony J. Baltimore, Maryland 21228 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVALASTECTY) Baltimore, Maryland 12-16-1967 Mt. Olivet Cemetery ADDRESS 25o. REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 21229 Howard H. Hubbard, 4107 Wilkens Avenue



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 76696 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (If outside corparate limits. t LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 10 DAYS FORT HOWARD BALTIMORE B IS RESIDENCE d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? VETERANS ADMINISTRATION HOSPITAL 319 PARK AVENUE YES NO K 3 NAME OF Middle 4 DATE First DECEASED JOHN LEWIS **SULLIVAN** DECEMBER (Type or pant) DEATH 8 19 67 F UNDER I YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF SIRTH 7. MARRIED **NEVER MARRIED** remove last birthdoy) Haurs WIDDWED X 11/23/91 MALE WHI TE DIVERCED 76 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY **COUNTRY?** U.S.A. MARTINSBURG, WEST VA. MANAGER RACE TRACK 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal attending phys CATHERINE B MAHONEY PATRICK L SULLIVAN Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MARYLAND (Yes, no or unknown) (If yes give wor or dotes of service) 5 265 07 90 95 CLIN. RECORDS, VA HOSPITAL, FORT HOWARD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burial-transit burial, cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral, undet. organism the haspital ar attending physician. DUE TO Metastases to Lt. kidney, Lt. Adrenal gland ? Conditions, if ony, which gove] nse ta immediate cause (a). DUE TO stating the underlying couse ‡ ? (d) Tumor of lung, RLL, unspecified type g WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Remote mvocardial infarction: Interstitial pulmonary fibrosis YES X NO certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS JADERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) det Hour a.m. Nat While at work L at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 11/28/67 , 19 , to 12/8/67 _, 19___, that **X**0 (we) last be retained saw the deceased alive on 12/8/67 19 and that death accurred at4: OOM, from causes and on the date stated above 22g SIGNATURE 22b DATE SIGNED 12/8/67 M.D DIRFCTOR PHYS director, page shauld be filed 22d ADDRESS TO HOSPITAL I Page 4 may 6 22c. PHYSICIAN'S NAME (Type) NEILON NEILSON, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THERE OF (County) (State) REMDVAL (Specify)
BURIAL 12-12-64 BALTIMORE NATIONAL BALTIMORE, MARYLAND 9 **ADDRESS** 25a RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Wilsonley Judge EVANS FUNERAL HOME. 8802 HARFORD RD. BALTO DATE OF C.



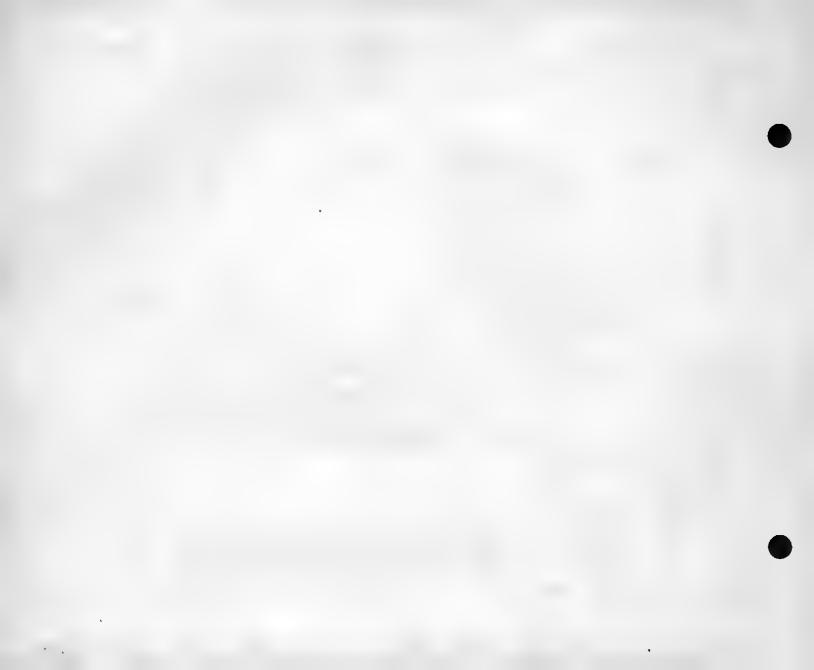
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE DE DEATH Ф 2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Residence before admission) a. COUNTY b. COUNTY Md. Balto. Co. Balto. Co. after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Boring Romine e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Daper Terro ON A FARM? 24 Box 18 Box NO F YES ! death certificate be executed within Month Day Year NAME OF First Middle Last DATE 4. complete DECEASED DEATH 21, Albert P. SWEISFORG Dec. 67 19 (Type or print) AGE (In years | IFUNDER 1 YEAR HFUNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH remove n any eve 7. MARRIED NEVER MARRIED [last birthday) Months I Hours Davs White Male WICOWEG [OLVORGEO [189L 12. CITIZEN OF WHAT attending physician a ermit. Then please re on, or removal, and in 10b. KIND OF BUSINESS OR INOUSTRY (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) E COUNTRY? during most of working life, even if retired) Trucking U.S.A Chauffeur Danville Pa. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Elizabeth John Sweisford Eckert 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. In to burial, cremation, or (Yes, no. or unknwn) 1(If yes pive war or dates of service) 220-14-3521A Mrs. Thelma Sweisford Boring. ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: 12017871 the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the underlying cause last. has as WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NO TH this cerum-detached fo 202. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED be de State I Hour a.m. Not While While After ATTENDING at work retained by p.m. at work D 19 21. I certify that (!) Ithis hospital) attended the deceased from OIRECTOR: age 3 should and that death occurred atti Sam, from the causes and on the date stated above. 196 saw the deceased alive on 1 DATE SIGNEO 22b. SIGNATURE 22a. ATTENDING page filld DIRECTOR M.D. TO FUNERAL (
director, page
should be fill STAL PHYSICIAN'S 22d. AOORESS 22c. Porterfield NAME (Type) a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF Dec. 23. Odd Fellows Cemetery REGISTRAR'S SIGNATURE AODRESS REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR 19 Tipton - Eline Funeral Home Hampstead, Md. VR AL5 (4) 20M 1/65



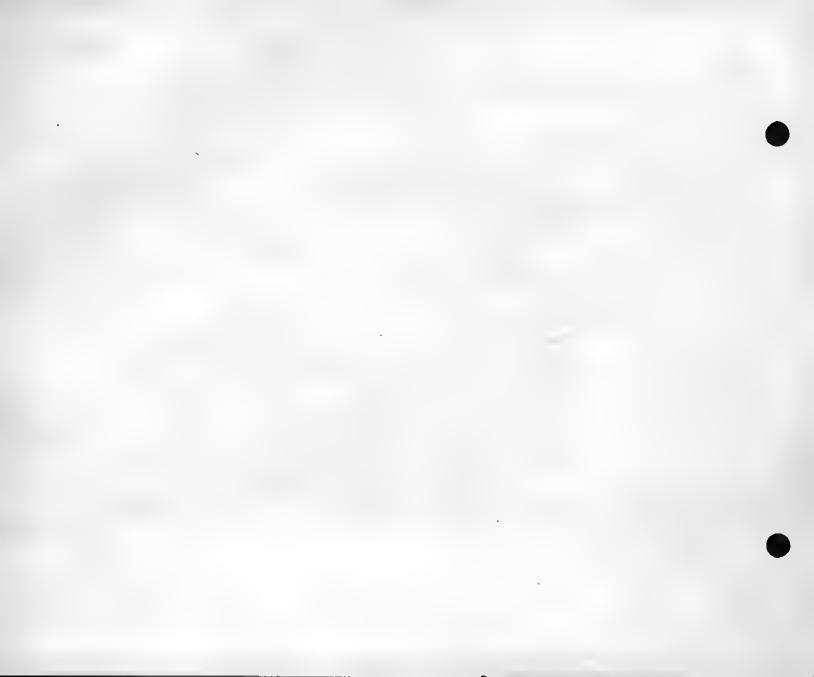
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16693 16692 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Baltimore a. STATE b. COUNTY Baltimore MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate smits, write RURA, and give nearest town) hours in by Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC d STREET ADDRESS paper ON A FARM? filled 609 Coventry Rd. 609 Coventry Rd. NO X and in ony event, within YES 3 NAME OF 4. DATE Middle remove carbon Day Year DECEASED (Type or print) OF DEATH Georgina Tabeling 12 67 S. SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED DATE OF BIRTH lost_birthday) Months 8/26/1899 Doys Female White WIDOWED DIVORCED puo 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Homemaker INDUSTRY Baltimore, Md. ottending physician permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, or removal. Katherine Helldorfer George Schuchhardt 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) William J. Tabeling 609 Coventry Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH BULBAR PALSY IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hosp.tal or attending physicion. **DUE TO** porrior Conditions, if any, which gove (b) nse to immediate cause (a), **DUE TO** stating the underlying cause as the lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? this certificate hos NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m While Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (I) (this hospital) attended the deceased fram Dec 11, 1967, to Dec 19, 1967, that (I) (we) last 0010 19 67, and that death occurred at 3/7, M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an wec 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D. page 3 be filed 22d. ADDRESS Venable York Rd. NAME (Type) director, should t 23c NAME OF CEMETERY OR CREMATORY 23 g. BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) Baltimore Cemetry Baltimore Md. 725b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd.



1			DIVISION		ARYLAND STATE DEPARECORDS, 301 W. PRESTO			
		6693			CERTIFICATE	OF DEATH	ì	o693
		ACE OF DEATH COUNTY	altimore		MARYLAND	2 USUAL RESIDENCE (a, STATE	Where deceased lived, if institut of b COUN	
	Ь	CITY OR TOWN (I	lf autside carpaiate br l/givezneorest tawn)	nits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside carparate limits, write RUR Stown	AL and give nearest tawn)
	('s	name of Hospita	al or institution (if LL Nursing	nat in haspital, Home	give street address)	d. STREET ADDRESS	n Street	e IS RESIDENCE ON A FARM? YES NO
	DI	AME OF CEASED (pe or print)	Eunice	First 2	Middle C*	Talbert	4. DATE Dec	ember 2, 19 67
	S SE	x emale	6. COLOR OR RACE White	7 MARRIED WIDOWED		B. DATE OF BIRTH Ug. 31, 190	9 AGE (In years Out birthday) yrs	Manths Days Haurs Min
	10a U during	SUAL OCCUPATION	(Give kind af wark da life even if retired)		IND OF BUSINESS OR NDUSTRY	Virgini		12 CITIZEN OF WHAT
	13. F	ATHER'S NAME Unknow	un			14 MOTHER'S MAIDEN Lydia So		
	15 Yes,	VAS DECEASED EVE not ar unknawn) VO	R IN U.S. ARMED FORCE (If yes give war ar date	5? 16 es af service)	SOCIAL SECURITY NO. 17. I	NFORMANT Henry J.	Tulbert Reist	ertoun, Md.
	1	18. CAUSE OF DI PART I. DEAT 1992 anditions, if any, ise to immediat tating the under	, which gave) e cause (a), (1	coling	na of	to forman	INTERVAL BETWEEN ONSET AND OFFAH H GE =
j.	AT ON	PART II, OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO [2]
	EE C	IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		ESCRIBE HOW JUNURY OCCURRED			
	MED CAL	Hayr a t	η. 1	9 While at wa	Nat White at wark	CE OF INJURY (Home, far ary, street, affice bldg , etc	.)	(State)
	-		fy that (1) (this heceased alive on	ospitol) atten	ded the acceased from / 16 7, and that	death accurred at	MED DIRECTOR STAFF PHYS	, 142, that (1) (we) lo and on the dote stated obar 22b. DATE SIGNED
	-	22c PHYSICIAN'S NAME (Type)	LAMES	16	Saffell	22d ADDRESS	WENT XI	1
	Bi	BURIAY, CREMATIC REMOVAL (Specify	Dec.		23c NAME OF CEMETERY OR E Evergreen Me	morial	23d LOCAT ON (City or Tay Finksburg	, Md.
	7.	FUNERAL DIRECTO	ne & Sons	Reiste	ADDRESS erstour, Md.			Clientes Andre



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16780 CERTIFICATE OF DEATH 16694 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissign) e. COUNTY o STATE b. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) CLENGTH OF STAY IN 16 Baltimore 21234 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM ST. JOSEPH HOSPITAL 7105 Harford Rd. NO F YES OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within NAME OF Middle First DATE Month Lost Dov Year carban DECEASED OF DEATH Edna TATE December and in any event, 26 (Type or print) F UNDER 1 YEAR S. SEX AGE (n years 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED Months rthdoy) Doys Hours Female White WIDOWED DIVORCED and 10o LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? physician (sen please INDUSTRY Maryland 13. FATHER'S NAM MOTHER'S MAIDEN NAME remayal 16. SOCIAL SECURITY NO 17. INFORMAL (Yes, no. at unknown) (If yes give wor or dotes of service) Б burial, crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH Massive aspiration of blood of both lung **10 HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires the Page 4 may be refained by the hasp tal or attending physician. DUE TO Conditions, if any which gave rupture of varicose esophageal veins secondary rise to immediate couse (o), to portal liver cirrhosis. DUE TO storing the underlying couse priar to last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) FICATION be detached for use State Dept. of Health YES 🔀 NO certificate 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that XI (this haspital), attended the deceased fram_ 67 ta 12/26/ , 19 67 that \$\mathbb{M}\$ (we) last saw the deceased alive an 12/26/ 19 67, and that death accurred a8:30AM, from causes and an the date stated above. FUNERAL DIRECTOR: 22b. DATE SIGNED 12/26/67 220 SIGNATURE ATTENDING MED DIRECTOR director, page 3 shauld be filed w M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Ines Cilliani. M.D. DATE THEREOF (Stote) 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE DATEJAN



SHILOH BAPTIST CEMETERY

BALTIMORE MARYLAND

GLOUCESTER CO. VA.

25b

250 REC'D BY REGISTRAR

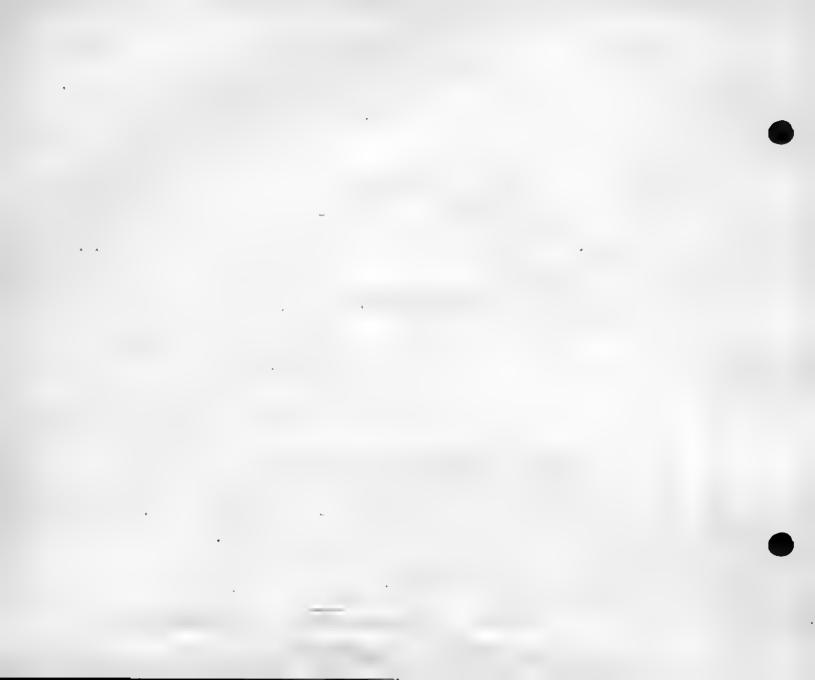
Dag 12.

FUNERAL DIRECTOR
THE E. Nutter
Ave.

3035 W. North Ave

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16/02 CERTIFICATE OF DEATH 10596 The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o COUNTY ь соинту Baltimore Maryland Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RLRAL and give nearest town)
Catonsville Overlea 2vrlmthl7dys papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENC 608 Meadow Road Spring Grove State Hospital NO 3 NAME OF 4. DATE Middle Lost please remave carban signed by the attending physician and completely bursal-transit permit. Then please remaye carban DECEASED December 67 Rloncie Teubner 19 (Type or print) DEATH S SEX DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED lost birthdoy) Months Hours WIDOWED 2-16-01 White DIVORCED Female 10o USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 12 CIT ZEN OF WHAT 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Maryland Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, Otto Wingate Margaret 16 SOCIAL SECURITY NO 217-03-1242 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Records: Spring Grove State Hospital crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY SOMRET AND BEATH Carc nona of the face, histopathology IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO undetermined, with extensive invasion in to the skull and to the brain Conditions, if any, which gave rise to immediate couse (a), DUE TO has been s ise as the b th priar to b stoting the underlying couse last. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES [] NO this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m foctory, street, office bldg., etc.) Not While at work at work director, page 3 should be constant by the State of the S 19 07, that (体(we) last 21. I certify that (1) (this haspital) attended the deceased fram 10-20-65 deceased fram 10-20-65 , 18:00 to 1967 , and that death accurred at 8:00 M, Dec. M, fram causes and an the date stated above. saw the deceased alive an____ Dec. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 12-8-67 22c PHYSICIAN'S 22d. ADDRESS Spring Grove State Hospital Anthony J. Young, M.D. NAME (Type) Baltimore, Maryland 23o. BURIAL CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORS 23d LOCATION (City or Town) (County) (Stote) 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24 EUNERAL DIRECTOR VR A15 (1) Charles 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16703 CERTIFICATE OF DEATH 10697 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b. COUNTY Maryland Baltimore MARYLAND b CITY OR TOWN (If autside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) lyr8mth22dys Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL 4225 Potter Street YES NO V 3 NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED OF DEATH Mae Thebarge Agnes December 19 67 (Type or print) F UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Hours female white July 1, 1888 WIDOWED X DIVORCED 100 USUA OCCUPATION (Give kind of work done during most of working life, even if refired) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Scotland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Higgins Mary Marley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) 223-03-9701D Records: SPRING STATE HOSPITAL G RO VE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH necescapieli-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) nse to immediate cause (a), DUE TO stoting the underlying couse 19. WAS ALTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO YES : 20o ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Hern 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. foctory, street, office bldg, etc.) Not While ot work ot work pital) attended the deceased from March 22, 19 66 to Dec. 14, 19 67that (*) (we) last Dec. 14 19 67, and that death accurred at 532 M, from causes and an the date stated above. 21. I certify that (this haspital) attended the deceased fram saw the deceased alive an. 22b DATE SIGNED 220 SIGNATURE 12-14-47 DIRECTOR PHYS. PHYS 22d. ADDRESS SPRING GROVE HOSPITAL 22c PHYSICIAN S STATE NAME (Type) Michael W. Kilchenstein M. D. Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 236. DATE THEREOF 23d LOCATION (City or Town) (Stote) Baltimore, Maryland 12-19-1967 Loudon Park Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Hubbard, 4107 Wilkens Avenue

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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burial, cremation, ar remaval,

attending physician permit. Then please

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Page 4 may be retained by the haspital or attending physician.

should be detached for use as the with the State Dept. of Health prior to

After this certificate ha

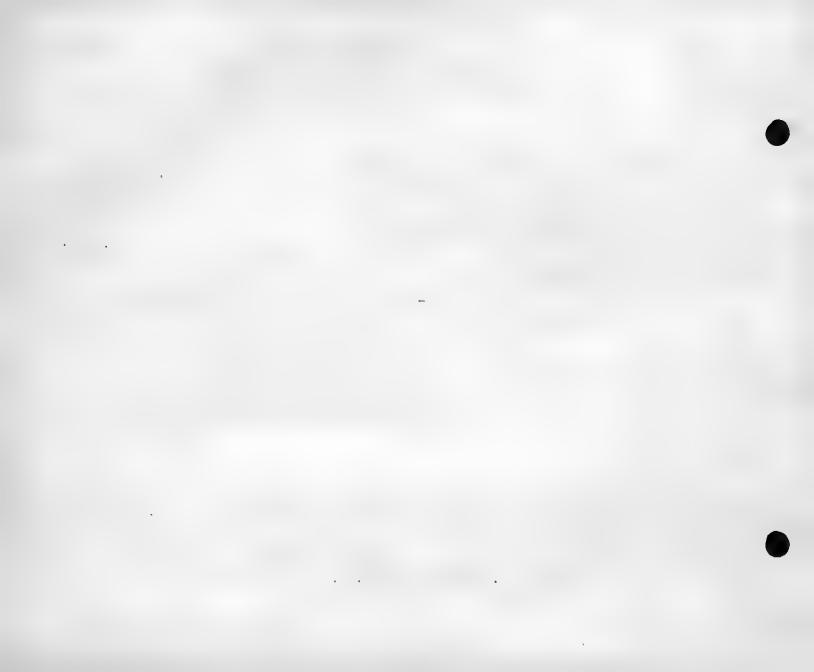
FUNERAL DIRECTOR:

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VR A15 (4)

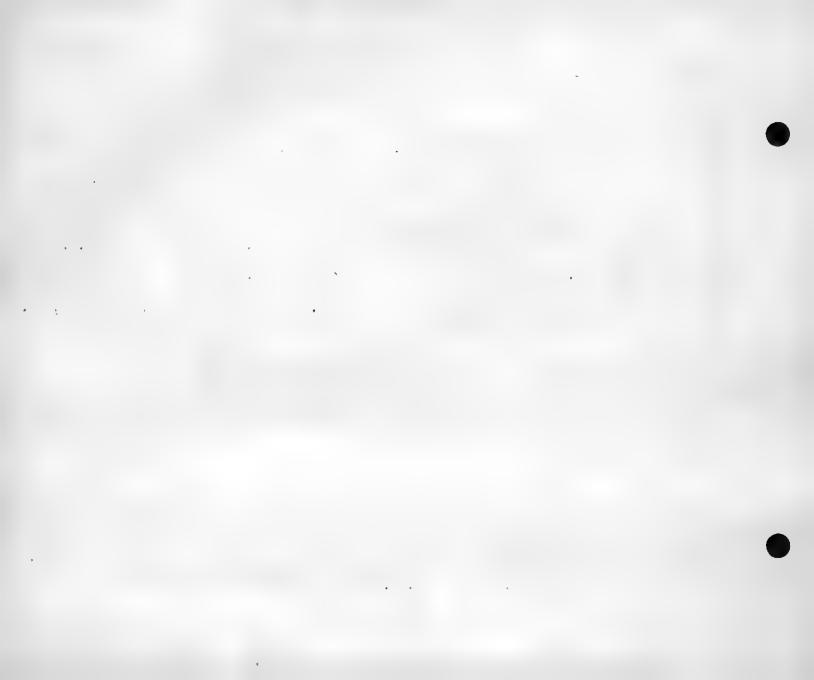
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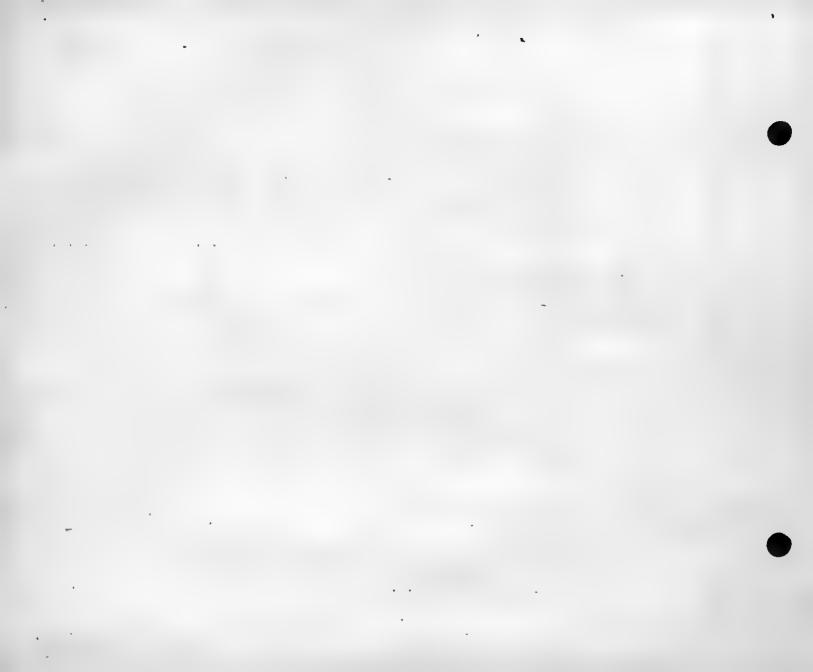


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY md BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporete l'mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Type or print) DEATH 9. AGE (In yaers | IF UNDER 1 YEAR | IF UNDER 24 HRS. fast birthday) WIDOWED | DIVORCED | 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired NDUSTR) U.S. 19 OREMAN pages | within 13. FATHER'S NAME L.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) 7201 DUE TO Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part I, of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Month, Day, Year 20d. INJURY OCCURRED + 200. PLACE OF INJURY (Home, ferm, 201, (C ty or lown) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) ; Hour am at work at work 08 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Da and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY Address (Street, city, town, or county) BURIAL, CREMATION. 6 0 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH 16/05 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16699 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) BALTIMORE - 21223 52 DAYS d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? 954 W. SARATOGA STREET VETERANS ADMINISTRATION HOSPITAL YES NO X NAME OF Middle First 4. DATE corbony Doy Year DECEASED
(Type or print) 67 CHARLES HENRY TILCHMAN DECEMBER 10 DEATH S. SEX IF JNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED remove last birthday MALE NEGRO WIDOWED IX DIVORCED JUNE 17, 1910 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or fareign country) 12 CIT ZEN OF WHAT physician a during most of working life, even if retired)
STEVADORE INDUSTRY COUNTRY? SHIPPING BALTIMORE, MARYLAND U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal CHARLES H. TILGHMAN IDA M. WILLIAMS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service YES WW II 214 12 22 52 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH BRAIN STEM HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(6) etoched for use Dept. of Heolth p PERFORMED? BRONCHOPNEUMONIA X NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour to.m. foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After at wark 21. I certify that (* (this hospital) oftended the deceased from 10/27/67 to 12/18/67, 19 , that XI) (we) last be retained and that deoth occurred at 30P M, from couses and on the date stated above. sow the deceased alive on. 22b DATE SIGNED 22a, SIGNATURE 12/19/67 milyate M.D DIRECTOR PHYS 222 PHYSICIAN'S 22d. ADDRESS NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23g BURIAL CREMATION. (County) REMOVAL (Specify) 12-12-196 BALTIMORE NATIONAL BALTIMORE. MARYLAND BURIAL 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So REC'D BY REG STRAR VR A15 (4) 25M 1/67 WILSON FUNERAL HOME



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10/1 CERTIFICATE OF DEATH death PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived. II Institution: Residence before admission) a. COUNTY after completely filled in by the ve carbon papers. [Pages 1] event, within 72 hours after TLMOTT MARYLAND b. CITY OR TOWN (if outside corporate limits. d. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO completely five carbon pa death certificate be executed within NAME OF Middle DATE 4. Month Day Year DECEASED OF DEATH December 6 (Type or print) 6 19 SEX 6. COLOR AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours and any la WIDOWED DIVORCED ettending physician a ermit. Then please re on, or removal, and in a lease re and in a 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 12, CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. Address 10 FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or a (Yes, no, or unknwn) | (If yes give war or dates of service) unknow 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Kenn DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION EVEN IN PART 1(a) WAS AUTOPS 19. FICATION PERFORMED? No YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While **Not While** p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 2. M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SICNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. Grandview Cemetery Allentown, Penna. 12-9-67 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 1050 York Road munico VR A15 (4) Towson, Maryland 21204 20M 1/65

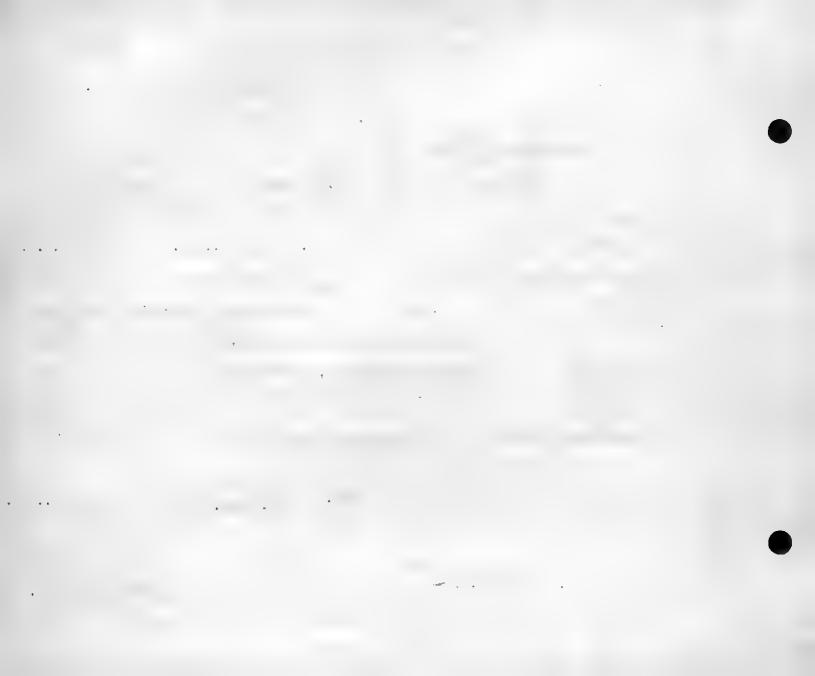


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16708 16702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND deloy b CIY OR TOWN (If autside carparate mits, c CITY OR TOWN (If outside carparate limits, write RJRAL and give nearest tawn) c .ENGTH OF STAY IN 1h and PM3. DWSON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, YES NO A This certificate should be executed within 24 hours ofter death NAME OF 4 DATE Lost Month Year OF DEATH DECEASED (Type or print) URNER FUNDER 1 PEAR 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARR ED NEVER MARRIED b.rthdoy) Months Hours 72 hours after death W DOWED NEGROID FEMPLE 10a JSUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working fe, even if retired) INDUSTRY e, writing the word "pending" in pencil in forworded to the Chief Med.col Examiner's 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service ond in any event within SAMO INTERVAL BEJWEEN ONSET/AND/DEATH 18. CAUSE OF DEATH (Enter only one couse per lige for fg); (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DJE TO stating the underlying cause cremotion, or removal PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTUPS'
PERFORMED? certificate. NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form 20f (City or town) (State) pleose execute the Hour om. factory, street, office bldg , etc.) Not While FUNERAL DIRECTOR: Page of work at work 21 I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry and in my opinion death resulted fram. Natural causes 1-Accident Suicide Hamicide Undetermined manner funeral director moy be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED TO FUNERAL D Health prior ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** O'Donnell, M. D. Charles Address (Street, city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMAT ON 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18703 1670 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **b** COUNTY Baltimore STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson Baltimore 21206 e IS RESIDENCE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Ξ. ON A FARM? Ciffed 7 Fuller Ave. St. Joseph Hospital K ON 4. DATE 3 NAME OF Lost Year crematian, ar remaval, and in any event, wit First the attending physician and campletely sit permit. Then please remave carban OF DEATH DECEASED Stella TURNER December B IF UNDER 1 YEAR 1F UNDER 24 HRS DATE OF BIRTH 9 AGE (In years 5 SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost bigthdoy) Months Hours September 19,1897 White WIDOWED DIVORCED Female 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working rite, even if retired) COUNTRY? INDUSTRY Maryland U.S.A. Homemaker Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Buettner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 218-14-0856Al Ir James E. Turner 7 Fuller Avenue 21206 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY Metastatic carcinoma of the lung IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Primary in the right breast Conditions, if any, which gave rise to immediate couse (o). DUE TO use as the lath prior tak stating the underlying cause has been last. WAS AUTOPS'
PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES -K-Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: ja 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (1F EITHER: NOTIFY MEDICAL EXAMINER) 3 shauld be detache with the State Dept. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, office bldq., etc.) ot work ot work 1967, that 10 (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 67, ta 67 and that death accurred at 2:52 M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. **ATTENDING** 12/2/1967 director, page 3 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S 7620 York Rd., Towson, Md. 21204 Cilliani M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) Baltimore Md. Farkwood Cemeterv Coa Burral 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 **VR A15** DATE DEC 20 M T





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16711 16705 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital give street poddress) me ,⊆ d. STREET ADDRESS e. S RESIDENC ON A FARM? 214 Regester Ave 301 Chespeake Ave YES NO 3 NAME OF 4 DATE Middle Doy Year DECEASED (Type or print) F, Vickers Sarah DEATH car and in any event S. SEX DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED 9 AGE (n veors NEVER MARRIED lost birthdoy) Hours Female White WIDOWED DIVORCED Nov. 14, 1883 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Homemaker piease **INDUSTRY COUNTRY?** physician Kent, Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Benjamin F. Morris Mary Jane Gooding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service Mrs Margaret Huegelmeyer 214 Regester Ave burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been 3 should be detached far use as the with the State Dept. af Health priar to last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED (City or fown) (County) (State) Hour o.m. factory, street, office bidg, etc.) Not Whire 21. I certify that (!) (this haspital) attended the deceased fram_ DIRECTOR: saw the deceased alive an 17 , and that death occurred at 1.20 bM, fram causes and an the date stated above 196 7 22o. SIGNATURE 22b DATE SIGNED MED DIRECTOR ATTENDING directar, page 3 Shauld be filed v M.D. PHYS PHYS. 22d ADDRESS 22c. PHYSICIAN S O FUNERAL NAME (Type) \/ 100 W 23c NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF BURIAL, CREMATION, 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)
Buria I Loudon Park Cemetery 12/26/1 2So. REC'D BY REG STRAR 24 FUNERAL DIRECTOR **ADDRESS** 2Sb REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home 6500 York Rd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16706 haurs after death uneral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a STATE b COUNTY BALTIMORE MARYLAND MARYLAND b CITY OR TOWN (I autside carparate rimits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate imits, write RURAL and give nearest town) write RURA, and give nearest town) BALTIMORE PIKESVILLE PNYSICIAN: The law requires that the death certificate be executed within 24 ha d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MILFORD MANOR NURSING HOME MILFORD MILL RD 7000 FIELDCREST NO Y 3 NAME OF Middle First Last DATE Month Doy DECEASED GERTRUDE VINE DECEMBER 67 (Type or print) DEATH 19 S SEX AGE (n years IF UNDER 1 YEAR RELINDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Months Doys **FEMALE** WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (G ve kind of wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY HOME RUSSIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval. DAVITZ EDITH 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address APT. C (Yes, no or unknown) (If yes give wor or dates of service) NO MRS. EDITH FINE. 5805 CROSS COUNTRY BLVD. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 291 by the haspital or attending physician. DUE TO Conditions, if only, which gave (b) rise to immediate cause (a). DUE TO prior ta l stoting the underlying couse 19 WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. of Health NO. YES certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) Nat While factory, street, affice bldg., etc.) ot work at work 6 1963 to 3, 19 6 7 that (1) (we) las 2). I certify that (1) (this haspital) attended the deceased from and that death accurred at 1030M, from causes and on the date stated above saw the deceased alive an 220. SIGNATURE 22b DATE/SIGNED M.D. DIRECTOR PHYS. TO HOSPITAL Page 4 may b 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. MAURICE FELDMAN 6610 CROSS COUNTRY BLVD. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) REMOVAL (Specify)
BURIAL BALTIMORE, MARYLAND 12-5-67 BETH EL MEMORIAL PARK 250. REC.D BY REG.STRAR 2Sh REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR 196 & BROS. INC. 6010 REISTERSTOWN ROAD



1		PARTMENT OF HEALTH	201
\	DIVISION OF VITAL RECORDS, 301 W. PRES	F OF DEATH	16707
death.	1. PEACE OF DEATH 0. COUNTY Baltimore County	2. USUAL RESIDENCE (Where deceosed lived, if it	
requires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and campletely filled in by the hyperal- burial-transit permit. Then please remaye carban papers. Pages 1 and 2 burial, crematian, ar remayal, and in any event, within 2 hours after death	Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson	CITY OR TOWN (If outside corporate I mits with	
24 haurs of parts. Page 17 2 hours	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Mount Wilson State Hospital	d STREET ADDRESS 70); E Baltil	e. IS RESIDENCE ON A FARM? YES NO V
bequires that the death certificate be executed within 24 ho physician. Signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. burial, crematian, ar remaval, and in any event, within 12 burial.	3 MAME OF Furt Mode o	N Schreeder 4. DATE DEST	Month Day Year / /
xecuted cample nave ca	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9 AGE (In ye	ors IF UNDER 1 YEAR IF UNDER 24 HRS
te be e ian and ase rer nd in a	10o. USUAL OCCUPATION (Gree kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	`\
ertifical physic naval, a	13. FATHER'S NAME George Von Schroeder	14. MOTHER'S MAIDEN NAME Anna Poffemberger	
death c tending rmit. Ti	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Un Rown 17 Received: 185-12-7512	informant ecords, Mt.Wilson St	Address ate Hospital
at the	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 14 C 3 ct f 2 1 1 4 c		INTERVA. BETWEEN ONSET AND DEATH
The law requires the attending physician, has been signed by se as the burial-tranth priar ta burial, cre-	Canditions, if ony, which gove) OUE TO Canditions, if ony, which gove)		Two years
nding property signatures been signature but in tabu	stating the underlying couse (a). Stating the underlying couse OUE TO OST. (c) Pul monora Em	physems	
: The law rar ar athending the has been use as the alth priar ta	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	o the terminal disease condition given in part I Ivanced Pulmonary Tub	PERFURMED? Z
PHYSICIAN: he haspiral ar this certificate letached far up a Dept. af Healt	OR CONTRIBUTING CLAUSE OF DEATH	Enter nature of injury in Port I or Port I of item 1	8)
O HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retained by the haspiral ar aftending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta	Hour om White Not White of work of work	tACE OF INJURY (Home, farm 20f (C ty ar town cotory, street, office bldg , etc.)	
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OR AT DIRECTOR 3 shreed with	1070000	M.D. ATTENDING DIRECTOR DIPHYS.	22b DATE SIGNED
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill	Wm. Newcomer, M.D. Superintender		
Page TO FUN direct shoul	230 BURIAL (REMAT ON, PREMOVALYSPECIFY) 236 NAME OF CEMETERY OF 12:18-67	ed Sahool Baltimo	re, Mcl.
VR A15 (4)	Deurs Finance / House Penersola	DATOEC 2 0 1967	Gillantes Judge
•	S. O. 1/-		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	16714 CERTIFICATE OF DEATH	
er death. l and 2 ter death.	1. PLACE OF DEATH a. COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE HARYLAND b. COUNTY BALTO.	on)
hours after d in y the irs. Pages 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	vn)
名	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 604 W. JOPPA ROAD d. STREET ADDRESS 604 W. JOPPA ROAD e. IS RESIDEN ON A FARM YES NOTE:	?_
aw requires that the death certificate be executed within trending physician. The bear signed by the attending physician and completely as the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event, with	3. NAME DF DECEASED (Type or print) John 1. Waldhauser TV DEC. V8 19 6;	7
xecuted and cor emove any eve	5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24H WIDOWED DIVORCED	
e be e sician lease r and in	10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? LAW VEW YORK SA	
ertificat in∎ phy Then p emoval,	JOHN T. WALDHAUSER SR. MARGARET BOWLING	
eath ce attend ermit. on, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 220-44-2480 FAMILY RECORDS	
law requires that the death certificate be attending physician. has been signed by the attending physician a sy the burial-transit permit. Then please in prior to burial, cremation, or removal, and i	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses.	N H
s tha hysicia signed rial-tr	Conditions If any which \	
required ding plant been the but to but the but to but the but to but the but	gave rise to Immediate Court TO Cause (a), stating the OUE TO	_
The law or atten cate has r use as eath pric	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	?
PHYSICIAN: The law requires that the hospital or attending physician, r this certificate has been signed betached for use as the burial-trante Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	_!
olne physical by the halfer this do be detacled be detacled state Dep	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Part a.m. While at work at	_
ENDIN ined b ined b ould b the St	21. I certify that (I) (this haspital) attended the deceased from JAN 2 - , 1958, to Dec 28, 1967, that (I) (we) I	
OR ATTENDING IN The Property of the Property o	saw the deceased alive on	ve.
TO HOSPITAL OR ATTENDIFUCE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) M.O. PHYS. DIRECTOR PHYS. 12/29/67 22d. ADDRESS	-
TO HOU Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 13 CTY 11	≡ b,
VR A15 (4)	4. EUNERAL BIRECTOR AUSTRO ADORESS LOUSTN 25a. REC'O BY REGISTRAR 25b. RECISTRAR	

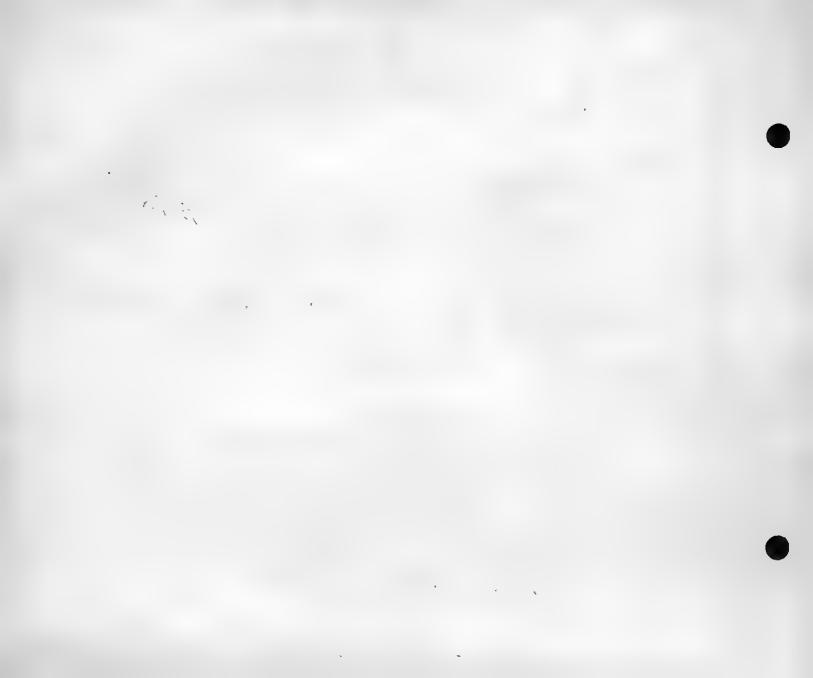


1	1	1	MARYLAND STATE DEPARTMENT OF HEALTH SECTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			16715 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16709
	haurs after death in by he funeral rs. Poges, Land Labours afterdeath		PLACE OF DEATH O. COUNTY B. CLENGTH OF STAY IN 16 O. COUNTY Warrier RURAL and give neorest town) D. COUNTY C. LENGTH OF STAY IN 16 C. LENGT
	之	3	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) And Hall Auseurg John 1416 Wilson Court Pd VES NO PARM? VES NO PROCEED OF First Middle OF DEETH 12 30 1967
	cate be executed sician and cample please remove co , and .n any even	19a	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DAYE OF BIRTH 9. AGE (In years lost bushday) WIDOWED DIVORCED 9/7/882 North bushday) WIDOWED DIVORCED 106 KIND OF BUSINESS OR NORTH BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? FAITHER'S NAME 14 MOTHER'S MAIDEN NAME
	the death certific e attending physpermit. Then pron, or removal	35	WAS DECEASED EVER IN U.S. ARMED FORCES? (S. no, or unknown) (If yes give wor or doles at service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Address Address Address AD - 30 - 36 - 36 48 Joseph May 1416 Wilson Point Rd. NTERVAL BETWEEN
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost. Conditions if any, which gove to immediate course (a), stoting the underlying cause lost.
	CIAN: The lot ital ar atten ifficate has be for use as if Health pries	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port Is of Item IB)
	OR ATTENDING PHYSICIAN: be retained by the haspital or MRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. of Heal	MEDICAL C	CENTRE NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 22dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20f (Cty or town) (County) (State) 21. Certify that (1) (this haspital) attended, the deceased from 2 / 2 9 1967 ta / 2 / 2 / 1967, that (1) (we) last
	AL OR ATTEN by be retained L DIRECTOR: Sage 3 shault filed with the		saw the deceased olive an 12/29/1967, and that death occurred at 3 PM, from causes and on the date stated abave 220 SIGNATURE This Tescho MD PHYS 221 DATE SIGNED 12/29/67 222 ADDRESS 223 ADDRESS 4
	/ 1 6-	23	NAME (Type) HID 50 N TESCHE D. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) PLANEAL PRECTOR ADDRESS 230 HAME OF CEMETERY OR CREMATORY 23d BECATION (City or Town) (County) (Stote) ADDRESS 250 HAPTRY REGISTRARY SECTION 250 HAPTRY REGISTRARY SECTION (County)
	VR A15 (4) 25M 1/67	7	Top Source total Sollins II DATE



1:3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16711 The law requires that the death certificate be executed within 24 hayrs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Baltimore a. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH DE STAY IN 16 c CITY DR TOWN (If gatside carparate limits, write RURAL and give nearest tawn) Mount Wilson d NAME OF HOSPITA, DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? physicia and completely filled en please remave carban pap Mount Wilson State Hospital or remayal, and in any event, within NO Z 3 NAME OF Month Year OF DEATH DECEASED 196 (Type or print) JE UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACI 7. MARRIED **NEVER MARRIED** DIVORCED WIDOWED 12 CIT ZEN DE WHAT 10c. USJAL OCCUPATION (G-ve kind of work done 10b. KIND DF BUSINESS OR CONSIDELLON during mast of working life, even if retired) 13 FATHER'S NAME PLIAS WASHINDTON 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI (Yes, na, ar unknown) (If yes give war ar dates of service Records, Mt.Wilson State Hospital 1B CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. ragging ciero Te 182914 PUSEAJE Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse etached far use as the Dept of Health priar to this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY DCCURRED 20e PLACE DF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c TIME DF N.JRY Manth, Day Year Hour 'a m. foctory, street, office bldg., etc.) 21 I certify that (I) (this haspital) attended the deceased from and that death occurred off/1/5 AM, from causes and on the date stated above. saw the deceased alive on_ TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a SIGNATURI M.D. DIRECTOR directar, page should be filed 22d. ADDRESS NANewcomer, M.D., Superintendent Mount Wilson, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) MMER 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURI 24 FUNERAL DIRECTOR. ADDRESS VR A15 (4) N. CAPOLIMENTE DEC 8 25M 1/67



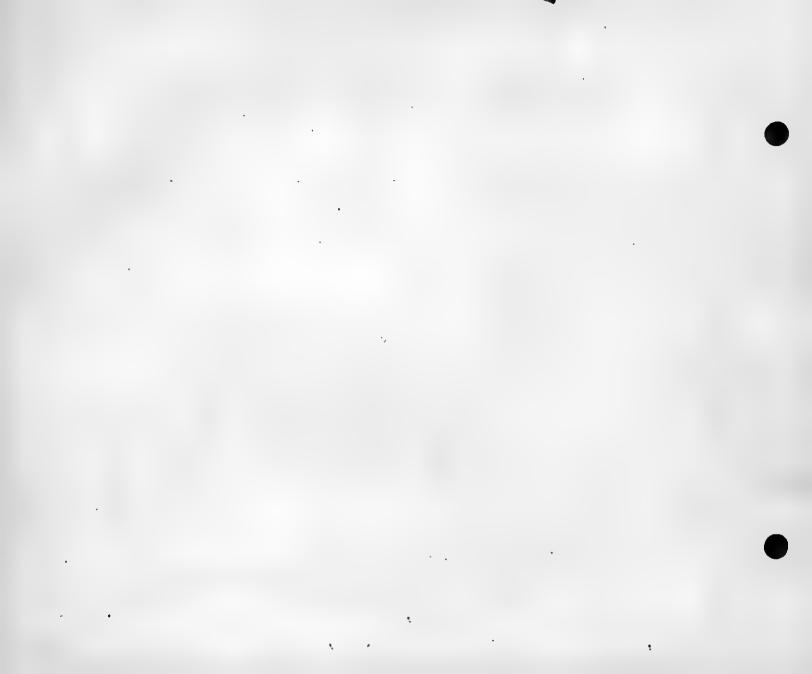


DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Baltimor e MARYLAND Marvland b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Beltimore months Reisterstown d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4203 Springdale Ave. Bent Nursing Home YES NO LA NAME OF First Middle 4. DATE Month Year pape 72 DECEASED (Type or print) Grace Edna Waters DEATH within December 11 67 19 carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED] 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. and lest birthdey) Months event, WIDOWED K DIVORCED attending physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY SIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even If relired) Washington Co., Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 John Z. Draper ples Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT removal (Yes, no, or unkown) (If yes give wer or detes of service) Mrs. Aaron Seidler Baltimore, the No Md -2 permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN been signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying sause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? NO X use prior 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm,) 201. (City or lown) (County) (State) DIRECTOR: After 3 should be detach fectory, street, office bldg., atc.) Hour e.m. Not While ď et work at work 21. I certify that (I) (this haspital) attended the deceased from. P M, from the causes and on the date stated above. saw the deceased alive on the death occurred at 0 and that 2200 SIGNATURE 22b. DATE MED. O HOSPITAL death. Page 4 1 TO FUNERAL 1 director, page 3 be filed with the PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION | 23b, DATE THEREON REMOVAL (Specify) O T & Cemetery Burial Paul Washington Co.. Md. ADDRESS 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Mills, Md. 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16720 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY ALTIMORE TIMORE MARYLAND The law requires that the death certificate be executed within 24 hours after C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comporate limits b. CITY OR TOWN (If outside corporate limits, RURAL and give negrest town) THERZUILLE d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 805 JAMISON ENTRE YES NO X carban NAME OF Ŧ Middle 4. DATE Year OLPH DECEASED burial, cremation, ar remaval, and in any event, (Type or print) DEATH JF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE AGE (In years NEVER MARRIED last birthday) Manths Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done IOb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 C TIZEN OF WHAT physician a during (SET (RE)) INDUSTRY 13. FATHER'S NAME MOSN RUGGER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). al-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 103 X DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO for use as the l stoting the underlying cause Page 4 may be retained by the haspital ar attending PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY CERTIFICATION 20a ACCIDENT WAS JNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part (I of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c TIME DF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, office bldg. etc.) at work at wark 21 | certify that (1) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the and that death accurred at 2.23AM, from causes and an the date stated above saw the deceased alive as SIGNATURE 22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) REMOVAL (Specify) Willard, Ohio 24. FUNERAL DIFETTOR Brooks Powson, Towson, Md. REC D BY REGISTRAR VR A15 (4) 25M 1/67 DARDEC 5





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. COUNTY a. STATE detay is and 3 to Poge Baltimore MARYLAND Maryland Baltimore
c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b. 2, b. write RURAL and give nearest town) Departr Owings Mills 58 days
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Baltimore
d. STREET ADDRESS e IS RESIDENC ON A FARM in Item 18. Give Pages 1, Office olong with form YES NO [Rosewood State Hospital 2110 Anna Avenue This certificate should be executed within 24 hours ofter death NAME OF Middle 4 DATE DECEASED WEST 19 67 (Type or print) Paul Robin DEATH 8 DATE OF BIRTH NEVER MARRIED E UNDER I YEAR IF UNDER 24 HRS 9 AGE (In years 6 COLOR OR RACE 7 MARRIED Months lost birthdoy) Hours MIDOWED DIVORCED [White 11 BIRTHPLACE (State or foreign country) IDo USUAL OCCUPATION (Give kind of work done IDB KIND OF BUSINESS OR INDUSTRY 12 CT ZEN OF WHAT during most of working fe, even if ret red)

Dependent COUNTRY? UlS.A. Baltimore City. Md. e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's none 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Howard Monroe West Elizabeth Ellen Carnes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT event within 72 (Yes, no. or unknown) (If yes give wor or dotes of service) Rosewood State Hospital, Owings Mills, Md. none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSEL AND DEATH burial-transit Asphyxia (Bread in larynx) IMMEDIATE CAUSE (o) _ DUE TO Conditions, if ony, which gove rise to immediate cause (o), ⊆ **D**UE TO stating the underlying couse 19 WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES 🗌 NO Severe mental retardation should be 2Do EXTERNAL CAUSE WAS PR MARY For CONTRIBUTING F 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) О Choked on bread CAUSE OF DEATH 2Dd NIURY OCCURRED 2De PLACE OF NJURY (Home, form 2Df (City or town) (County) (Stole) 20c I.ME OF INJURY Month, Day, Year 12/8 1967 While Not While Bolland Collage Owings Mills, Balto., Md.

21. I certify that I tank charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion moy be retained for your FUNERAL DIRECTOR: Page please execute Natural causes , Accident , Suicide . Ham cide Undetermined manner death resulted fram. funerol director Health prior to 22 DATE SIGNED ASS STANT MED CAL EXAM NER 12/8/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Reisterstown, Md. NAME (Type) D. D. Caples, M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL CREMATION. Loudon Park Cemetery Baltimore, Md. 25b REGISTRAR'S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (\$) 6M 1/67 Ullrich Funeral Home Dundalk, Md. 1987

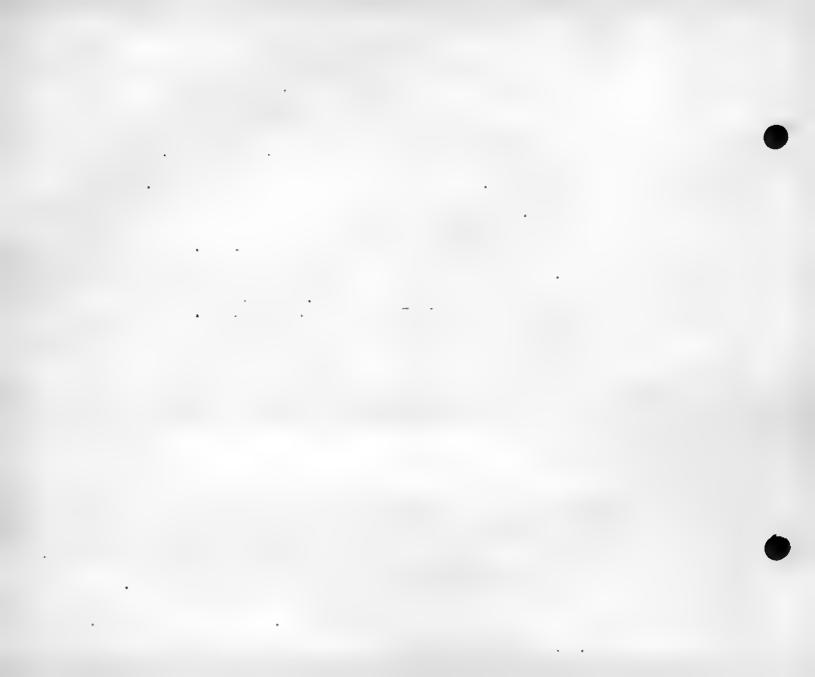


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16723 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY o. STATE b. COUNTY BALTHMORE MARYLAND MARYLAND b CITY OR TOWN (f autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give neatest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours TOWSON BALTIMORE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? YES NO Ta ottending physician ond completely fille permit. Then please remove corbon po an, or removol, and in ony event, within ST. JOSEPH HOSPTTAL 1013 BEAUMONT NAME OF 4. DATE Year DECEASED (Type or print) ALFRED WHITE DEATH DECEMBER S SEX 9. AGE (In years JE UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED F B. DATE OF BIRTH IF UNDER **NEVER MARRIED** last birthdov) Months Haurs WIDOWED DIVORCED DECEMBER 24.1922 NEGRO 10a USUAL OCCUPATION (G ve kind of work done 106 KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) INDUSTRY COUNTRY 2 Accomac Co., SET.F-EMPLOYED

13. FATHER'S NAME ALF'S HAULING CO VIRGINIA 14 MOTHER'S MAIDEN NAME GEORGE WHITE STELLA WHITE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service Mrs. Doris White 1013 Beaumont Ave NO. THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND CEATH Encephalomalacia of brain stem IMMEDIATE CAUSE (a) be retained by the haspitot or ottending physicion. DUE TO Conditions, if any, which gave thrombosis of basilar artery rise to immediate couse (a), DUE TO stating the underlying cause director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to congenital aneurysm of basilar artery WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Oay, Year 204 INTHRY OCCURRED 20e PLACE OF INIJRY (Home, form (City or town) (County) (State) Haur am factory, street, office bldg, etc.) O FUNERAL DIRECTOR: After 2). I certify that M (this hospital) attended the deceased from DECEMBER 18 . 1967, ta DECEMBER 1.89 67 that M (we) last saw the deceased alive an DECEMBER 18 19 67, and that death accurred at 12 00 per an causes and an the date stated above. 22g SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF 12/19/67 MD TO HOSPITAL Poge 4 moy 1 22d ADDRESS 22c PHYSICIAN S Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md., 21204 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a. BJRIAL, CREMATION (County) (State) Maryland 12-22-67 Pleasant Rest Cem. Towson. 25b. REGISTRAR S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 F.H. 1701 Laurens Street

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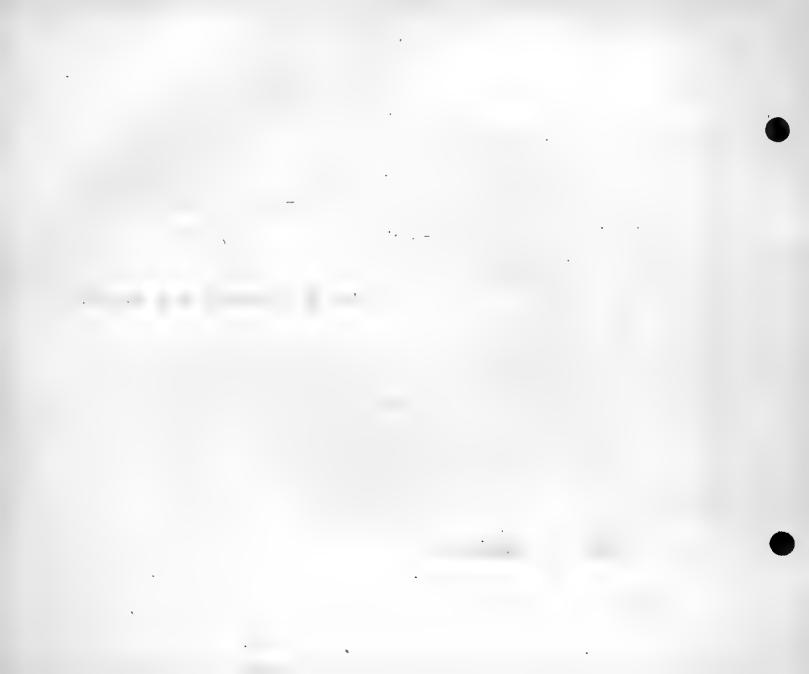
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16724 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, Tinstitution, Residence before admission) a. COUNTY o. STATE **b.** COUNTY bultimore MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
Catomsville CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 B: Itimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Miled Shangri La Nursing How 11 S. Rosadale St. and in any event, within NO [3 NAME OF First 4 DATE Manth DECEASED H. White (Type or print) Leo Dec. 10 DEATH AB DATE OF BIRTH S SEX 6 COLOR OR RACE NEVER MARRIED 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED last birthday) Months 0/10/18 Couc. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT INDUSTRY **COUNTRY?** Brothers Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Harry T. White Barbara Zizzi 17 INFORMANT ary J. Young 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 218-05-3858 11 S. Rosedale St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY Paralysis agitans IMMEDIATE CAUSE (o) ____ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying cause priar ta has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS ALTOPS) PERFORMED? director, page 3 shauld be detached far use should be filed with the State Dept. of Health NO After this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part , or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Manth, Day, Year Hour o.m. 20d MIJRY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) factory, street, office bldg., etc.) Not While at work ot work 2). I certify that (1) (this haspital) attended the deceased from Oct saw the deceased alive on Dec 9, 1967, and that death at M, fram causes and on the date stated above. ___, and that death occurred at O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF PHYS 12/11/67 M D 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 5501 Forest Park Ave. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. (County) REMOVAL (Specify) Loudon Park Cem. Baltimore, Ed. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE VR A15 (4) Witzke F. D. - 4101 Edmondson Av. 25M 1/67

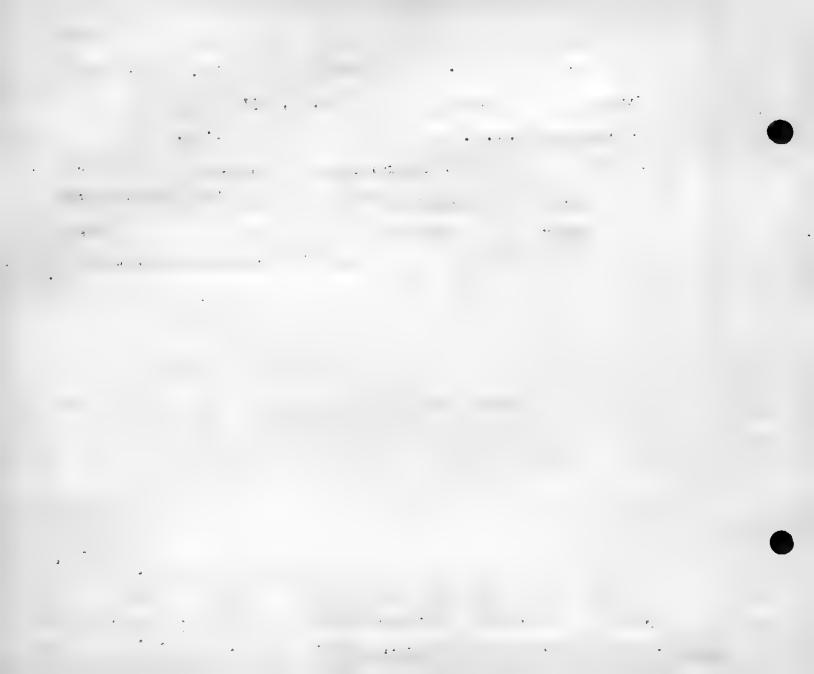




MARYLAND STATE DEPARTMENT OF HEALTH - DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE, OF DEATH funeral and 2 Adeath. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Md MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Towson | 37 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) = Thed aperson B. IS RESIDENCE ON A FARM? Greater Baltimore Medical Center 412 New Pittsburg YES NO executed within 3. NAME OF First Middle Last DATE Month Day DECEASED (Type or print) Frank Everetts Williams DEATH 19 67 SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED **NEVER MARRIED** and c any 9-16-1907 Male Negro DIVORCED WIDOWED 60 Yrs. 10a. USUAL OCCUPATION (Cive kind of work done ng physician (Then please removal, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? The law requires that the death certificate be during most of working life, even if retired) INDUSTRY BETH-STEEL BALTIMORE, MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME HENRY WILLTAMS ELLA BADGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address has been signed by the attent as the burial-transit permit.

Description of the strength of th (Yes, no, or unknwn) (If yes give war or dates of service) 218-03-1882 Frs. D 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. (MMEDIATE CAUSE (a) Carcinoma of lung DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) certificate hathed for use a WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached f Dept. of WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While p.m. at work at work DIRECTOR: Af age 3 should 1 lied with the S 19_67_to 21. I certify that (I) (this hospital) attended the deceased from 12/15 1967_ that (I) (we) last and that death occurred a7:25_M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE p.m. 22b. DATE SICNED STAFF PHYS. DIRECTOR 12/16/67 HYSICIAN'S FUNERAL 22d. **ADDRESS** director, should be NAME (Type) 6701 N. Charles Street John E. Adams, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Specify) 12-21-67 Mount Auburn Cem. Baltimore, Maryland DURIAL REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4)





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY **b.** COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give marrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? BALTIMORE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7903 3. NAME OF YES NO Middle DECEASED OF EOD (Type or print) DEATH RANCES 1967 withir 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS pue 7. MARRIED W NEVER MARRIED last birthday) Months WIDOWED T DIVORCED DEC 3 physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any LERK SECURIT NEW ORK please Ξ. 13. FATHER'S NAME MOTHER'S MAIDEN NAME affending and OSEPH Then ovaľ, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknwn] [Ifyesgivawarordatasofservice] 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit Conditions, if any, which gave rise to immediate cause has DUE TO (a), stating the undarlying the cause last certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ě 9 CERTIFICATION PERFORMED? esn prior NO 😿 ò 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of Item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer t ATTENDING WEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year retained ŏ factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR Dept. at work at work p.m. 8 194..., that (I) (we) las (iffic hospital) attended the deceased from... pinous State .19. 4.7, and that Weath occurred at .4.9 M, from the causes and on the date stated above saw the deceased alive on wex DATE 22n. SIGNATURE ന ATTENDING HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, 1 be filed v (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) BURIAL, CREMATION, 23b. DATE THEREOF CEMOVA (Spacify) . 256. REGISTRAR'S SIGNATURE ADDRESS 25a, RECTD BY REGISTRAR FLINERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10724 and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY BALTIMORE Maryland b. COUNTY Balto. hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET ADDRESS e. IS RESIDENCE 24 Greater Baltimore Medical Center DN A FARM? Dumbarton Road #21212 125 18 ND 5 YES executed within LDQ. Wit NAME OF DATE OF DEATH etel First Middle Last Month Day Year DECEASED EVELYN WILSON event, ANGELINE 12 67 comple (Type or print) 19 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR) IF UNDER 24 HRS birthday) CAU Months Days F 07 - 10 - 01Hours WIDDWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) HOUSEWITE death certificate be INDUSTRY Baltimore, Maryland SA ᆷ removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permit. Then it to burial, cremation, or remov Robert DeHuff ROSE Drane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mrs. Paul C. Botadors Glenarm. Md. 16 SQCIALSECURITYMO. (Yes, mo, or unknown) (If yes give war or dates of service) Patient's History xthrilen ownex 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating as the underlying cause last. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES [ND X CERTIFI 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work retained should th the S 21. I certify that (I) (this hospital) attended the deceased from 19 17, to 12. 27, 19 67 that (1) (we) last DIRECTOR: age 3 should led with the 12 19 67, and that death occurred at 2.4 A.M., from the causes and on the date stated above. saw the deceased alive on 9 · 20 AM SIGNATURE 22a. 22h. DATE SIGNED Page 4 may be page ATTENDING DIRECTOR PHYS. M.D. PHYS O-FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Common of county) (State è REMOVAL (Specify) Parkwood Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Mitchell-Wiedefeld Home 6500 York Rd. VR ALS Balto. Md.



· · · · · ·	MARYLAND STATE DEPARTMENT OF HEALTH				
	16730 Item #2d Film #G356 CERTIFICATION	UN SIKEEI, BALIIMOKE, MAKTLAND 21201			
4 74	CERTIFICATI	OF DEATH	10725		
de d	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institute a STATE At b. COU			
	Baltimore MARYLAND	larykand.	Saltimore		
\$ \frac{1}{2} \fra	b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) / OWOON	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)		
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Towson	011		
requires that the death certificate be executed within 24 hours ofter death g physicion. signed by the attending physicion and completely filled in by the functor by the buriol-transit permit. Then please remare carbon papers. Pages Tand 2 buriol-transit permit. Then please remare carbon papers. Pages Tand 2 burial, cremation, or removal, and in ony event, with more than death	Godd Convalencent Come	d. STREET ADDRESS 17 Florida Ar	e. IS RESIDENCE ON A FARM? YES NO V		
within tely fi	3. NAME OF First Middle DECEASED	Lost 4. DATE Mor	th Day Year		
e executed with and completely remave corbor n ony event, wi	(Type or print) PORQLA F. USON	OF DEATH Jecer	nver in 1967		
omp omp ove eve	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years lost birthdoy)	IF JNDER LYEAR OF JNDER 24 HRS Months Days Hours Min.		
execute and comp remave	Fonale "hite WIDOWED DIVORCED	CRACK 20, 15/9 83 YES			
ate be executed vicion and complete lesse remove corliand in ony event,	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?		
ficate be ysicion o please il, and id	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USH		
ertificate b physicion (nen pleose novaí, and i	Arthur Flather	Mary Francis Shipley			
the ding	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address S. Capter	ess		
ne deoth cer ottending p permit. The	(Yes, no, or unknown) (If yes give wor or dotes of service)	amily records			
s that the deoth certific cion. d by the attending phys -transit permit. Then p , crematian, or removal,	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))		INTERVAL SETWEEN		
that in. by th ansi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ACCIUSION	ONSET AND DEACH		
equires that the physicion. signed by the buriol-transit purial, cremati	Conditions, if any, which gave	la ta Cardal	20		
equire physical signer buriol burial	rise to immediate couse (a),	esoli Caralo-	The 12		
the law requires the attending physicion. hos been signed by se os the buriol-train horiar to burial, cre	stating the underlying couse (c)	elas Declares	2 Youles		
The law ratending attending hos been se os the horiar to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS A TOPSY PERFORMED?		
or a or te h use use	CATIO		CIES NO C		
O HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	200 ACCIDENT WAS JINDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18)			
G PHYSIC the hospil ths certri detached	3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm 20f (City or town)	(County) (State)		
r the det	Hour o m pm. 19 White Not While of work of work	tory, street, office bldg, etc)			
Affe Affe Sto	21. I certify that (I) (this haspital) attended the deceased fram_	10/1,196/010 17	1967 that (1) (or las		
TTEN Sines OOR: Ould		t death agrurred atM, fram causes,	and an the date stated above		
OR ATTENION OR ATTENION OR ATTENION OF STRONG OR OT STRON	220 SIGNATURE	PATTENDING STAFF STAFF	22b. DATE SIGNED		
ed be	22c, PHYSICIAN'S	PHYS. DIRECTOR PHYS. L 22d ADDRESS	7		
Page 4 may be retained by the OFUNERAL DIRECTOR. After th director, page 3 should be detashauld be filed with the State D	NAME (Type)				
O HOS Page 4 O FUNI directo	230 BURIAL, (REMAT ON, REMOVAL (Specific) 23b. DATE THEREOF 23c NAME OF CEMETERY OR		wn) (County) (Stote)		
5 5 5 4 V		Cemeteru Washington,	U. CONTRACTOR CONTRACTOR		
VR A15 (4)			GISTRAR'S SIGNATURE DECEMBER		
	Jo'r Burns Sons, Torson, Maryland	DATE BECIT 1901	4 0 0		

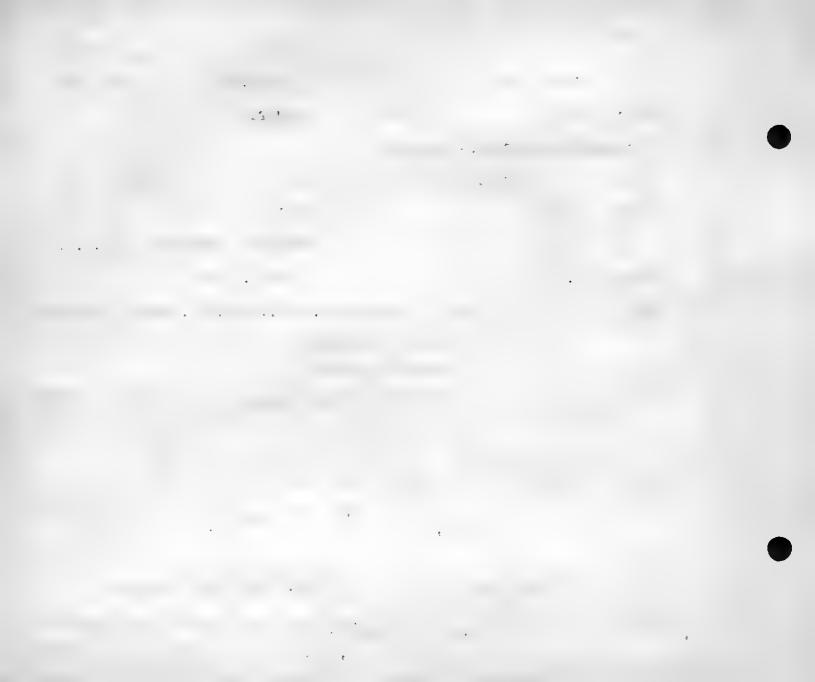




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16728 The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE 5. COUNTY Baltimore MARYLAND Marvl and b CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson Baltimore 21212 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? ST. JOSEPH HOSPITAL 241 Rodgers Forge Rd. NO SC NAME OF Middle Lost 4 DATE Year completely carban DECEASED William Mitchel WOZNIAK December 20. 19 67 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED TO 9 AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remove lost birthday) Hours Male White October 31.1914 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a ien please during most of working life, even if retired) INDUSTRY COUNTRY? Massachusetts Real Estate 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME cramatian, ar removal. attending phy permit. Then Ladislai STULPTN V.M.Wozniak 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 026-10 8733 Beverly J. Wozniak 241 Rogers Forge Rd. yes- peacetime 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN signed by the burial-transit burial, cramat PART I DEATH WAS CAUSED BY ONSET AND DEATH Cerebral hemorrhage IMMEDIATE CAUSE (a) by the haspital ar attending physician DUF TO Conditions, if ony, which gove (b) nse to immediate cause (o). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this cert frcate has been the prior to (c) 20 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? use Health 2 NO X ATTENDING PHYSICIAN: Ē 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH Dept. of etached (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (Ctv or town) (County) (State) Hour 'o m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that N) (this haspital) attended the deceased from 12/16/ 19 67. to 12/20/ 19 67 that 10 (we) last 3 shauld with the S be retained 19 67, and that death accurred at 11:40M, from causes and on the date stated above. saw the deceased alive on 12/20/ 220 SIGNANURE 22b. DATE SIGNED STAFF PHYS. 12/20/67 , page 3 be filed M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN Jaime Singzon, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 50 directo 23b DATE THEREOF BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) Balto, County 12/23/67 Md. Dulaney Valley Mem. 1967 REGISTRARS SIGNATURE Grds 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 29 6500 York Rd. Mitchell-Wiedefeld Home 25M 1/67 Balto, Md.

- JC-A

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1673: CERTIFICATE #OF DEATH 25 15727 deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARYLAND b COUNTY ARUNDEL BALTIMORE MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (*f outside corporate limits. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FORT HOWARD TOWN) 35 DAYS EDGEWATER e 15 RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO X and in ony event, within The law requires that the deoth certificate be executed within Ď. 3. NAME OF First Middle 4 DATE corbon etely DECEASED CHARLES LEO WITT DECEMBER 15. (Type or print) 19 67 DEATH IF UNDER 24 HRS SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER TYEAR AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Days Hours MALE WHI TE DIVORCED K 9 23 15 WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physicion o during most of working life, even if retired) COUNTRY? INDUSTRY SHADYSIDE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, ar removol, CHARLES F. WITT MARTHA R. TROTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) WW-11 YES 220 16 5114 CLIN, REC., VAH, FT. HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit PART ! DEATH WAS CAUSED BY **ONSET AND DEATH** GANGRENE OF BOWELS IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physicion. **DUE TO** Conditions, if ony, which gove MESENTERIC EMBOLISM DAYS rise to immediate cause (o). **DUF TO EMBOLISM** stoting the underlying couse as the MONTHS GENERALIZED ARTERIOSCLEROSIS AND THROMBO-19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Heolth NO TX 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I) of item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) factory, street, office blda., etc.) saw the deceased alive an Dec. 15, 1967, and that death accurred at p.M. fram causes and an the last of Signature. of work of work 220. SIGNATURE DIRECTOR THE PHYS 12 16 67 filed director, page should be filed 22d. ADDRESS 22c PHYSICIAN S TO FUNERAL NAME (Type) GEORGE DUDAS, MD VAH. FORT HOWARD, MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23c. BURIAL CREMATION (County) (Stote) CHRIST CHURCH CEMETERY OWENSVILLE 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR HutchinsADPEneral Home VR A15 (4 Owings, Md.



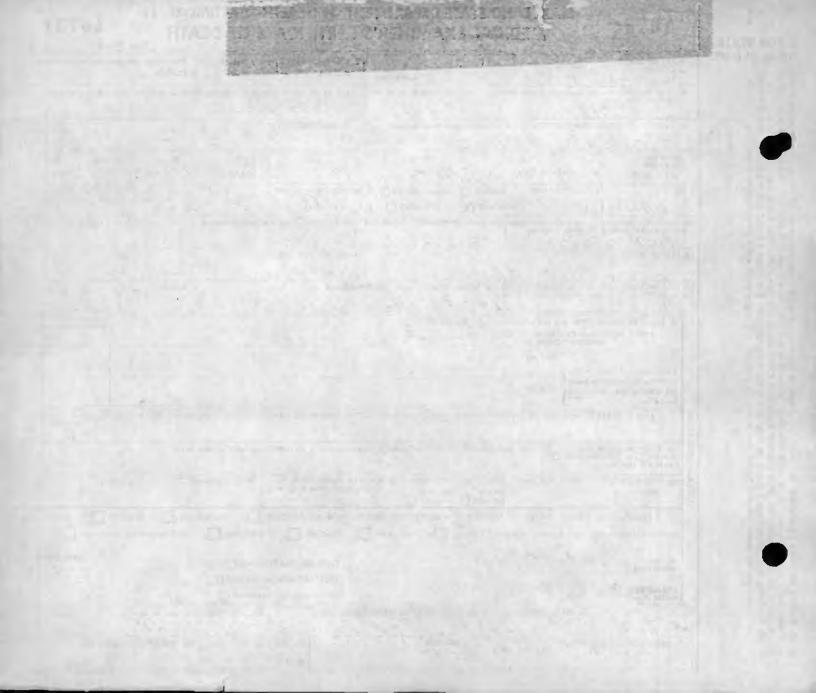
	CERTIFICATE	OF DEATH 1	6729
ì	PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Re o. STATE b. COUNTY BALLS	sidence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OWSON	c CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore 21212	d give neorest fown)
5	d. NAME OF HOSP.TAL OR INSTITUTION (if not in hospital, give street oddress) St. Josephs Hospital	d STREET ADDRESS 5815 Glenkirk Court	e is residence on a farm? YES
L	NAME OF First Middle DECEASED (Type or print) Perdue A	Lost 4 DATE Month OF DEATH December	
	male White WIDOWED DIVORCED	lost birthdoy) Mont	
di	c USUAL OCCUPATION (Give kind of work done inpamost of working life, even (wetred) Army Army	Iowa	2 CITIZEN OF WHAT COUNTRY? USA
	. FATHER'S NAME ? Wymore	14 MOTHER'S MAIDEN NAME Unknown	
	es, no, as unknown) (11 yes give was or dotes of service) 216-34-6887 Mr.	s. Olivia Wymore ((Same)
	(anditions, if any, which gove to immediate course (a) (b) carcinoma of rec	rcinomatosis of abdomen	INTERVAL BETWEEN ONSET AND DEATH
	stating the underlying couse DUE TO ust. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	HIE TERMINAL DICERT CONDITION CHIEN IN GROV 1/.)	10 WAS AUTODOX
CERTIFICATION		Enter noture of injury in Port I or Port II of item 18)	19 WAS AUTOPSY PERFORMED? YES NO
AI CFRT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	Hour o m While Not While of work of work	E OF INJURY (Home, form, ry, street, office bldg, etc.)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased from December 30 197, and that 220. SIGNATURE		の67, that (I) (we) las in the date stated above b. DATE SIGNED
I	Trendoon Malike MD	ATTENDING - MED STAFF TO	12-30-67
2	NAME (Type) Dr. Freidon Malek O. BURIAL CREMATION. 236 DATE THEREOF 235 NAME OF CEMETERY OR C	REMATORY (em. Baltimore,	ore 21204 Md (Gounty) (Store)
) -	o. Byrial, CREMATION, REMOVAL (Specify) 1/4/68. Balto. National Surrection Address.	230 KCO BY KCO STARK O COSO KCODINA	R'S SIGNATURE
A	4. FÜNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 212	230 KCO BY KCO STARK O COSO KCODINA	R'S SIGNATURE



1	1 ×	12-12-67 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
3		16735 CERTIFICATE OF DEATH 167	3.0		
18	death	1. PLACE OF DEATH a COUNTY PARTY OF THE PROPERTY OF THE PROPE	before admission)		
3	s after	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	necrest town)		
7	In by	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oftdress) d STREET ADDRESS	e IS RESIDENCE ON A FARM?		
un	thin 24 filled in pape	Bonnie Blank MASonie Homes 68/5 Everal/ Ave 3 NAME OF First Middle Lost 4 DATE Month	VES NO NO		
2	ecuted with campletely ave carban y event, wit	OFCEASED (Type or print) Da 154 E. Yingling DEATH 12	1 1967		
S.	execut d cam emave any ev	F WIDOWED DIVORCED 2-10-1878 Imit b thooy) Months	Doys Hours Min		
y	te be ex ian and ase rem ind in an	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or focusing sourcity) 12 (1112) (OUI	ZEN OF WHAT NTRY?		
c)	th certificate be ling physician a Then please i removal, and in	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15 SOLIZE 16 SOLIZE 17 SOLIZE 18 SOLIZE 18 SOLIZE 18 SOLIZE 19 SOLIZE 19 SOLIZE 10 SOLIZE 10 SOLIZE 10 SOLIZE 10 SOLIZE 10 SOLIZE 11 SOLIZE 12 SOLIZE 13 SOLIZE 14 MOTHER'S MAIDEN NAME			
3	requires that the death certificate be executed within 24 haurs after death g physician. I signed by the attending physician and campletely filled in by me tuneral burial-transit permit. Then please remave carban papers, Pages I band 3 burial, crematian, ar removal, and in any event, within 72 hours after dean a		ne ar		
1	t the d the atte sit pern nation,	8. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	NTERVAL BETWEEN ONSET AND DEATH		
Der	equires that the physician. signed by the burial-transit is burial-transit is burial, cremati	3 ? 1 V IMMEDIATE CAUSE (0) DUE TO DUE TO	ONSET AND DEATH		
, N	equire physical signe buria buria	Conditions, if ony, which gave is to immediate course (a), stoting the underlying course DUE TO 2 Advanced Security			
7	The law rattending has been se as the hricito h pricr to	lost Color	9 WAS AHTOPSY		
}	itCIAN: The law rapital ar attending rithicate has been at far use as the af Health prior to	CALIG	9 WAS AUTOPSY PERFORMED? YES NO		
6	PHYSICIAN: e hospital ar his certificate stached for ur Dept af Healt				
	this he	20c T ME OF INJURY Month, Doy, Yeor . 20d INJURY OCCURRED Not While of work of	tty) (Stote)		
	L OR ATTENDING be retained by the DIRECTOR: After in ge 3 shauld be died with the State	21. I certify that (I) (this haspital) attended the deceased from 4 1, 1965, to 30, 196 saw the deceased alive an 10030, and that death accurred at 2014, from causes and an the	Zthat (I) (we) last a date stated above.		
	D HOSPITAL OR ATTENI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		E SIGNED		
	ITAL C may be tal DI page be filed	22c PHYSICIAN'S JAMSHID HAMED. 22d ADDRESS NAME (Type) JAMSHID HAMED. WASONIC HOME, COCK	eys Ville Mr		
	Page 4 may b TO FUNERAL D director, page	REMOVAL (Specify)	County) (State)		
	5-5 W	24 FUNERAL DIRECTOR ADDRESS 4 OPERATED 250 REG STRAR 250. REGISTRAR'S SIG	Hary land		
	VR A15 (4) 25M 1/67	10 Cook Brooks lowson Towson nd DATDEC 5 1967 geliande	Judge		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Ren. Dist. No. HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY-MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS. Months DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse last PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20d. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUMED. Enler noture of injury in Port I or Part II of item 18.1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not while at work of work p. m. 21. 1 certify that I took charge of the remains described above, held on Autopsy [7], Inspection . opinion death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL DIR CHIEF MEDICAL EXAMINER SIGNATURE 6800 MORNINGTON KD FUNER NAME (Type) DEPUTY MEDICAL EXAMINER NAME OF CEMETERY, OR CREMATORY 0 VS. A15ME



		MARYLAND STATE DEPARECORDS, 301 W. PRESTO			V
16737		20,000,000,000,000,000,000	OF DEATH		16732
PLACE OF DEATH O. COUNTY Baltimor b. CITY OR TOWN (If write RURAL ond Towson 4 d. NAME OF HOSPITAL St. Jose 3. NAME OF DECEASED (Type or print) S. SEX Male 100, USUAL OCCUPATION (In duties most of working it The Id Chip		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUN	on: Residence before odmission)
b. CITY OR TOWN (If write RURAL and a Towson 4	outside corparate limits, give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou Baltimor	tside corporote limits, write RUR.	AL and give nearest town)
d. NAME OF HOSPITAL	OR INSTITUTION (If not in hospital	, give street oddress)	d. STREET ADDRESS	undhill Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	ph Hospital First Charles	Middle	lost Cimmerman	4. DATE Month OF DEATH December	
Male	6. COLOR OR RACE 7. MARRIED White WIDOWEI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday) 65 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a, USUAL OCCUPATION (I	Give kind of work done 10b. e, even if retired)	KIND OF BUSINESS OR INDUSTRY Bendix	Balti	& State, ar foreign country) more, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles			14. MOTHER'S MAIDEN N	Mae Baston	
15. WAS DECEASED EVER (Yes, go, or unknown) (I	IN U.S. ARMED FORCES? If yes give war or dotes of service)		NFORMANT s. Florence	P. Zimmerman	
18. CAUSE OF DEA PART 1. DEATH Canditions, if only, w rise to immediate stoling the underly lost.	vhich gave (b) (b)	or (a), (b), and (c).) cinoma of rectur h metastases to	liver		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGN	NIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS U OR CONTRIBUTING D	INDERLYING (1) 20b. I 1 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	Enter noture af injury in l	Port I ar Port II of item IB.)	
Hour 'o.m.	p.m. '7 of work 🗀 of work				
21. I certify saw the dec	21. I certify that (this haspital) attended the deceased frant ecomber 21, 1967, to becomber 23, 1967, that (t) (we) lass with deceased alive an December 23, 1967, and that death accurred at 8:10 AM, fram causes and on the date stated above 220. SIGNATURE ATTENDING MED. STAFF DECEMBER 23, 1969. ATTENDING PHYS. DIRECTOR PHYS. December 23, 1969.				
22c. PHYSICIAN'S NAME (Type)	Eduardo Montelik	0	22d. ADDRESS	k Road, Towsor	
230. BURIAL, CREMATION, REMOVAL (2001)	23b. DATE THEREOF 12/26/67	23c. NAME OF CEMETERY OR Lorraine Pa	rematory rk Cemetery	23d. LOCATION (City or Tow Woodlawn, M	

THE THIRD AND AND DESIGNATION OF THE PARTY O HE OF A SUPPLY SET SET OF COMMON SETS OF SETS 1 (m) 20 3 182 10. SANS 3 DY 19 19 19 RED THE ACTO MANUELLIN NO and a factorist of the state of the state of n ninn the state of THE PLANT OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER The state of the s